



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

TABLE OF CONTENTS

Index.....	6
Section 01 - Budget.....	8
Module 1.1.....	8
Module 1.2.....	9
Module 1.3.....	11
Module 1.4.....	13
Module 1.5.....	17
Module 1.6.....	20
Module 1.7.....	21
Module 1.8.....	22
Module 1.9.....	24
Module 1.10.....	26
Module 1.11.....	30
Section 02 - Governance.....	31
Module 2.1.....	31
Module 2.2.....	44
Module 2.3.....	45
Module 2.4.....	45
Module 2.5.....	47
Module 2.6.....	48
Module 2.7.....	50
Module 2.8.....	50
Module 2.9.....	50
Section 03 - Financial Stability.....	52
Module 3.1.....	52
Module 3.2.....	62
Module 3.3.....	63
Module 3.4.....	63
Module 3.5.....	65
Module 3.6.....	66
Module 3.7.....	67
Module 3.8.....	67
Module 3.9.....	67
Section 04 - Cultural Competency & Health Literacy.....	68
Module 4.1.....	68
Module 4.2.....	75



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Module 4.3.....	76
Module 4.4.....	76
Module 4.5.....	78
Module 4.6.....	79
Module 4.7.....	80
Module 4.8.....	80
Module 4.9.....	81
Section 05 - IT Systems and Processes.....	82
Module 5.1.....	82
Module 5.2.....	90
Module 5.3.....	91
Module 5.4.....	91
Module 5.5.....	93
Module 5.6.....	94
Module 5.7.....	95
Module 5.8.....	95
Section 06 - Performance Reporting.....	96
Module 6.1.....	96
Module 6.2.....	100
Module 6.3.....	101
Module 6.4.....	101
Module 6.5.....	102
Module 6.6.....	103
Module 6.7.....	104
Module 6.8.....	104
Module 6.9.....	104
Section 07 - Practitioner Engagement.....	106
Module 7.1.....	106
Module 7.2.....	111
Module 7.3.....	112
Module 7.4.....	112
Module 7.5.....	114
Module 7.6.....	115
Module 7.7.....	116
Module 7.8.....	116
Module 7.9.....	117
Section 08 - Population Health Management.....	118
Module 8.1.....	118



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Module 8.2.....	123
Module 8.3.....	124
Module 8.4.....	124
Module 8.5.....	125
Module 8.6.....	126
Module 8.7.....	127
Module 8.8.....	127
Module 8.9.....	128
Section 09 - Clinical Integration.....	129
Module 9.1.....	129
Module 9.2.....	134
Module 9.3.....	135
Module 9.4.....	136
Module 9.5.....	137
Module 9.6.....	138
Module 9.7.....	139
Module 9.8.....	139
Module 9.9.....	140
Section 10 - General Project Reporting.....	141
Module 10.1.....	141
Module 10.2.....	141
Module 10.3.....	143
Module 10.4.....	144
Module 10.5.....	146
Module 10.6.....	146
Module 10.7.....	147
Module 10.8.....	147
Section 11 - Workforce.....	148
Module 11.1.....	148
Module 11.2.....	149
Module 11.3.....	157
Module 11.4.....	158
Module 11.5.....	158
Module 11.6.....	159
Module 11.7.....	160
Module 11.8.....	161
Module 11.9.....	161
Module 11.10.....	162



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Module 11.11.....	163
Module 11.12.....	165
Projects.....	166
Project 2.a.i.....	166
Module 2.a.i.1.....	166
Module 2.a.i.2.....	168
Module 2.a.i.3.....	194
Module 2.a.i.4.....	195
Project 2.a.iii.....	196
Module 2.a.iii.1.....	196
Module 2.a.iii.2.....	197
Module 2.a.iii.3.....	198
Module 2.a.iii.4.....	210
Module 2.a.iii.5.....	211
Project 2.a.v.....	212
Module 2.a.v.1.....	212
Module 2.a.v.2.....	213
Module 2.a.v.3.....	214
Module 2.a.v.4.....	224
Module 2.a.v.5.....	225
Project 2.b.iii.....	226
Module 2.b.iii.1.....	226
Module 2.b.iii.2.....	227
Module 2.b.iii.3.....	228
Module 2.b.iii.4.....	240
Module 2.b.iii.5.....	241
Project 2.d.i.....	242
Module 2.d.i.1.....	242
Module 2.d.i.2.....	244
Module 2.d.i.3.....	245
Module 2.d.i.4.....	259
Module 2.d.i.5.....	260
Project 3.a.i.....	261
Module 3.a.i.1.....	261
Module 3.a.i.2.....	262
Module 3.a.i.3.....	263
Module 3.a.i.4.....	288
Module 3.a.i.5.....	289



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project 3.a.ii.....	290
Module 3.a.ii.1.....	290
Module 3.a.ii.2.....	291
Module 3.a.ii.3.....	292
Module 3.a.ii.4.....	307
Module 3.a.ii.5.....	308
Project 3.b.i.....	309
Module 3.b.i.1.....	309
Module 3.b.i.2.....	310
Module 3.b.i.3.....	311
Module 3.b.i.4.....	347
Module 3.b.i.5.....	348
Project 3.d.iii.....	349
Module 3.d.iii.1.....	349
Module 3.d.iii.2.....	350
Module 3.d.iii.3.....	351
Module 3.d.iii.4.....	368
Module 3.d.iii.5.....	369
Project 4.b.i.....	370
Module 4.b.i.1.....	370
Module 4.b.i.2.....	371
Module 4.b.i.3.....	375
Project 4.b.ii.....	376
Module 4.b.ii.1.....	376
Module 4.b.ii.2.....	377
Module 4.b.ii.3.....	381
Attestation.....	382
Status Log.....	383
Comments Log.....	384
Module Status.....	385
Sections Module Status.....	385
Projects Module Status.....	389
Review Status.....	391
Section Module / Milestone.....	391
Project Module / Milestone.....	394
Providers Participating in Projects.....	401



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**












Albany Medical Center Hospital (PPS ID:1)

Quarterly Report - Implementation Plan for Albany Medical Center Hospital












Year and Quarter: DY2, Q2

Quarterly Report Status:  Adjudicated

Status By Section

Section	Description	Status
Section 01	Budget	 Completed
Section 02	Governance	 Completed
Section 03	Financial Stability	 Completed
Section 04	Cultural Competency & Health Literacy	 Completed
Section 05	IT Systems and Processes	 Completed
Section 06	Performance Reporting	 Completed
Section 07	Practitioner Engagement	 Completed
Section 08	Population Health Management	 Completed
Section 09	Clinical Integration	 Completed
Section 10	General Project Reporting	 Completed
Section 11	Workforce	 Completed

Status By Project

Project ID	Project Title	Status
2.a.i	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management	 Completed
2.a.iii	Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services	 Completed
2.a.v	Create a medical village/alternative housing using existing nursing home infrastructure	 Completed
2.b.iii	ED care triage for at-risk populations	 Completed
2.d.i	Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care	 Completed
3.a.i	Integration of primary care and behavioral health services	 Completed
3.a.ii	Behavioral health community crisis stabilization services	 Completed
3.b.i	Evidence-based strategies for disease management in high risk/affected populations (adult only)	 Completed
3.d.iii	Implementation of evidence-based medicine guidelines for asthma management	 Completed
4.b.i	Promote tobacco use cessation, especially among low SES populations and those with poor mental health.	 Completed
4.b.ii	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)	 Completed



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section 01 – Budget

IPQR Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY

Instructions :

READ ONLY - The Baseline Budget table was left for ease of reference during reporting.

Budget Items	DY1 (\$)	DY2 (\$)	DY3 (\$)	DY4 (\$)	DY5 (\$)	Total (\$)
Waiver Revenue	21,215,367	22,608,608	36,560,957	32,374,588	21,215,367	133,974,888
Cost of Project Implementation & Administration	9,549,730	6,784,488	9,137,087	4,855,250	1,697,730	32,024,285
Cost of Project Implementation	4,250,137	3,015,678	4,067,943	1,095,631	1,004,774	13,434,163
Cost of Administration	5,299,593	3,768,810	5,069,144	3,759,619	692,956	18,590,122
Revenue Loss	228,293	4,749,142	9,502,571	8,415,767	4,880,973	27,776,746
Internal PPS Provider Bonus Payments	4,244,324	5,653,740	10,964,505	11,328,917	8,488,649	40,680,135
Cost of non-covered services	3,183,243	3,392,244	5,482,252	4,855,250	3,183,243	20,096,232
Other	2,115,907	2,255,143	3,667,442	3,243,088	2,115,907	13,397,487
Contingency	2,115,907	2,255,143	3,667,442	3,243,088	2,115,907	13,397,487
Total Expenditures	19,321,497	22,834,757	38,753,857	32,698,272	20,366,502	133,974,885
Undistributed Revenue	1,893,870	0	0	0	848,865	3

Current File Uploads

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Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 1.2 - PPS Budget - Waiver Revenue (Quarterly)

Instructions :

Please include updates on waiver revenue budget items for this quarterly reporting period. Reported actual spending will be compared to baseline projections and deviations will be evaluated. Any explanations regarding deviations from baseline projections must be included within the textbox, not as narrative within uploaded documentation.

Benchmarks

Waiver Revenue DY2	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
22,608,608	133,974,888	18,313,446	126,614,539

Budget Items	DY2 Q2 Quarterly Amount - Update	Cumulative Spending to Date (DY1 - DY5)	Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
Cost of Project Implementation & Administration	1,373,423	5,264,173	4,248,370	62.62%	26,760,112	83.56%
Cost of Project Implementation	1,095,664					
Cost of Administration	277,759					
Revenue Loss	0	0	4,749,142	100.00%	27,776,746	100.00%
Internal PPS Provider Bonus Payments	1,391,789	1,709,088	4,023,977	71.17%	38,971,047	95.80%
Cost of non-covered services	0	235,149	3,315,746	97.74%	19,861,083	98.83%
Other	0	151,939	2,202,360	97.66%	13,245,548	98.87%
Contingency	0					
Total Expenditures	2,765,212	7,360,349				

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For PPS to provide additional context regarding progress and/or updates to IA.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY

Instructions :

READ ONLY - The Baseline Funds Flow table was left for ease of reference during reporting.

Funds Flow Items	DY1 (\$)	DY2 (\$)	DY3 (\$)	DY4 (\$)	DY5 (\$)	Total (\$)
Waiver Revenue	21,215,367	22,608,608	36,560,957	32,374,588	21,215,367	133,974,888
Practitioner - Primary Care Provider (PCP)	2,828,146	2,695,323	4,373,658	3,630,404	2,322,630	15,850,161
Practitioner - Non-Primary Care Provider (PCP)	1,080,373	1,135,888	1,910,482	1,714,050	1,155,614	6,996,407
Hospital	3,551,331	7,549,122	13,991,344	12,166,110	7,331,802	44,589,709
Clinic	2,177,469	2,441,846	4,185,348	3,700,613	2,444,257	14,949,533
Case Management / Health Home	2,393,551	2,295,196	3,726,856	3,107,184	1,992,548	13,515,335
Mental Health	1,910,273	1,869,964	3,062,329	2,599,840	1,689,116	11,131,522
Substance Abuse	1,543,718	1,489,622	2,397,813	1,996,612	1,272,400	8,700,165
Nursing Home	628,291	610,034	969,093	803,646	506,722	3,517,786
Pharmacy	58,649	60,855	106,322	96,516	66,674	389,016
Hospice	0	0	0	0	0	0
Community Based Organizations	1,309,123	1,246,202	1,972,522	1,610,545	1,005,703	7,144,095
All Other	0	0	0	0	0	0
Uncategorized						0
PPS PMO	1,846,829	1,447,058	2,045,484	1,266,495	585,293	7,191,159
Total Funds Distributed	19,327,753	22,841,110	38,741,251	32,692,015	20,372,759	133,974,888
Undistributed Revenue	1,887,614	0	0	0	842,608	0

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**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 1.4 - PPS Flow of Funds - Waiver Revenue (Quarterly)

Instructions :

Please include updates on waiver revenue flow of funds for this quarterly reporting period by importing the PIT file and filling out the PPS PMO line manually. Reported actual fund distribution will be compared to baseline projections and deviations will be evaluated. Any explanations regarding deviations from baseline projections must be included within the textbox, not as narrative within uploaded documentation.

Benchmarks

Waiver Revenue DY2	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
22,608,608.00	133,974,888.00	18,031,639.00	126,322,611.04

Funds Flow Items	DY2 Q2 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q2 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	Percent Spent By Project											DY Adjusted Difference	Cumulative Difference
						Projects Selected By PPS												
						2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii		
Practitioner - Primary Care Provider (PCP)	41,696	100.00%	47,676	100.00%	53,676	27.4	3.56	0	7.29	23.59	7.29	0	3.56	16.44	7.29	3.56	2,647,647	15,796,485
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	1,135,888	6,996,407
Hospital	812,000	44.34%	379,308	42.63%	937,796	14.18	9.21	2.04	14.19	15.09	9.21	9.21	9.21	9.21	4.22	4.22	6,659,446	43,651,913
Clinic	29,955	71.21%	38,304	72.37%	64,927	39.21	0	0	0	50.94	2.46	0	2.46	0	2.46	2.46	2,388,919	14,884,606
Case Management / Health Home	27,081	0.00%	0	0.00%	45,081	36.65	9.05	0	9.05	9.05	0	9.05	9.05	0	9.05	9.05	2,262,115	13,470,254
Mental Health	45,944	86.94%	45,944	80.68%	80,944	42.88	7.34	0	7.34	4.71	2.1	17.3	8.45	0	4.94	4.94	1,813,020	11,050,578
Substance Abuse	2,979	100.00%	2,979	100.00%	19,979	39	0	8.1	0	0	19.3	11.2	0	0	11.2	11.2	1,486,643	8,680,186
Nursing Home	5,526	100.00%	10,526	67.80%	20,526	88.85	0	11.15	0	0	0	0	0	0	0	0	594,508	3,497,260
Pharmacy	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	60,855	389,016
Hospice	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Based Organizations	5,509	0.00%	0	0.00%	20,259	50.78	1.97	1.97	0	45.29	0	0	0	0	0	0	1,236,943	7,123,836
All Other	412,831	21.40%	120,656	24.46%	522,245	29.27	4.91	4.56	6.03	23.34	8.52	1.14	5.22	5	6.01	6.01	0	0
Uncategorized	7,835	0.00%	0	0.00%	33,335	50.5	0	0	0	41.22	0	0	0	0	4.14	4.14	0	0
Additional Providers	433	100.00%	433	2.17%	36,948													
PPS PMO	1,373,423	100.00%	2,939,373	100.00%	5,816,560.96												0	1,374,598.04
Total	2,765,212	69.93%	3,585,199	78.33%	7,652,276.96													



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Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider		
Provider Name	Provider Category	DY2Q2
Practitioner - Primary Care Provider (PCP)		41,696
Paeglow Robert John Md	Practitioner - Primary Care Provider (PCP)	26,284
Ditursi Mary Kathleen Williams	Practitioner - Primary Care Provider (PCP)	15,412
Practitioner - Non-Primary Care Provider (PCP)		0
	Practitioner - Non-Primary Care Provider (PCP)	0
Hospital		812,000
Columbia Memorial Hospital	Hospital	360,024
Saratoga Hospital	Hospital	451,976
Clinic		29,955
Columbia Cnty Health Dept	Clinic	2,623
Albany County Health Dept	Clinic	6,000
Upper Hudson Planned Parent	Clinic	7,032
Planned Pthd Mohawk Hudson	Clinic	14,300
Case Management / Health Home		27,081
Aids Council Of Neny Ai	Case Management / Health Home	27,081
Mental Health		45,944
St Catherines Ctr/Child Fbt	Mental Health	2,912
Rehabilitation Supp Svcs C	Mental Health	16,862
Transitional Svcs Assoc Inc	Mental Health	6,441
Albany County Comm Svcs Board	Mental Health	6,000
Northeast Parent Child Societ	Mental Health	13,729
Substance Abuse		2,979
Senior Hope Counseling Inc	Substance Abuse	1,311
820 River Street Inc.	Substance Abuse	756
Addictions Care Ctr Of Albany	Substance Abuse	912
Nursing Home		5,526
Daughters Of Sarah Non Occ	Nursing Home	2,538
Albany County Nursing Home	Nursing Home	2,988
Pharmacy		0

* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider		
Provider Name	Provider Category	DY2Q2
	Pharmacy	0
Hospice		0
	Hospice	0
Community Based Organizations		5,509
Community Caregivers	Community Based Organizations	2,508
Shelters Of Saratoga	Community Based Organizations	1,846
Healthy Capital District Initiative	Community Based Organizations	1,155
All Other		412,831
Capitalcare Medical Group Llc	All Other	53,585
Albany Medical College Of Uni	All Other	56,425
Catholic Charities Serena Icf	All Other	53,411
Community Care Physicians Pc	All Other	208,752
Shaker Pediatrics Pc C	All Other	3,656
Ens Health Care Management Llc Nhtd	All Other	2,067
Living Res Certified Hha	All Other	7,006
Cah Center For Disabled	All Other	27,929
Uncategorized		7,835
Greene County Public Health Nursing Service	Uncategorized	7,835



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider			
Provider Name	Provider Category	IA Provider Approval/Rejection Indicator	DY2Q2
Additional Providers			433
The Altamont Program, Inc.	Additional Providers	Approved	433



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✅ IPQR Module 1.5 - Prescribed Milestones

Instructions :

Please provide updates to baseline target dates and work breakdown tasks with target dates for required milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement. Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Complete funds flow budget and distribution plan and communicate with network	Completed	Funds Flow Budget and Distribution Plan, signed off by your Finance Committee, including details of your approach to funds flow on a whole-PPS and project-by-project basis; evidence of involvement of provider network in developing funds flow methodology.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. AMCH PPS Board will appoint a finance committee including financially competent representation from a cross section of the PPS.	Completed	1. AMCH PPS Board will appoint a finance committee including financially competent representation from a cross section of the PPS.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2. The finance committee will review the budget developed during the planning stages to ensure DY1 budget is appropriate for the needs of the provider network.	Completed	2. The finance committee will review the budget developed during the planning stages to ensure DY1 budget is appropriate for the needs of the provider network.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. The finance committee will develop a set of Guiding Principles that will govern the funds flow, budget, and distribution plan. These guiding principles will be approved by the PAC Executive Committee, and the AMC PPS Board.	Completed	3. The finance committee will develop a set of Guiding Principles that will govern the funds flow, budget, and distribution plan. These guiding principles will be approved by the PAC Executive Committee, and the AMC PPS Board.	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. The PMO will develop a timeline to guide the work of the Finance Committee.	Completed	4. The PMO will develop a timeline to guide the work of the Finance Committee.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Consistent with the timeline and the guiding principles approved by the PPS Board, the finance committee will develop project specific funds flow models prior to the distribution of	Completed	5. Consistent with the timeline and the guiding principles approved by the PPS Board, the finance committee will develop project specific funds flow models prior to the distribution of funds to the PPS Providers.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
funds to the PPS Providers.									
Task 6. The PPS Board will approve each project specific funds flow model, as well as plans for the budgeted cost of services determined to be centralized either through the PPS PMO or specific vendors such as IT Solutions with broad application across multiple projects and throughout the PPS.	Completed	6. The PPS Board will approve each project specific funds flow model, as well as plans for the budgeted cost of services determined to be centralized either through the PPS PMO or specific vendors such as IT Solutions with broad application across multiple projects and throughout the PPS.	09/01/2015	12/30/2015	09/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task 7. The Finance Committee will review and update the budget at least quarterly and as needed.	Completed	7. The Finance Committee will review and update the budget at least quarterly and as needed.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. The PPS PMO will communicate the funds flow budget and distribution plan as well as any changes to the budget and plan to the PPS at the monthly PPS meetings and through other means.	Completed	8. The PPS PMO will communicate the funds flow budget and distribution plan as well as any changes to the budget and plan to the PPS at the monthly PPS meetings and through other means.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Complete funds flow budget and distribution plan and communicate with network	There were no updates to this milestone this quarter.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 1.6 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 1.7 - PPS Budget - Non-Waiver Revenue (Baseline)

Instructions :

This table contains five budget categories for non-waiver revenue baseline budget reporting . Please add rows to this table as necessary in order to identify sub-categories.

Budget Items	DY1 (\$)	DY2 (\$)	DY3 (\$)	DY4 (\$)	DY5 (\$)	Total (\$)
Non-Waiver Revenue	0	0	0	0	0	0
Cost of Project Implementation & Administration	0	0	0	0	0	0
Administration	0	0	0	0	0	0
Implementation	0	0	0	0	0	0
Revenue Loss	0	0	0	0	0	0
Internal PPS Provider Bonus Payments	0	0	0	0	0	0
Cost of non-covered services	0	0	0	0	0	0
Other	0	0	0	0	0	0
Total Expenditures	0	0	0	0	0	0
Undistributed Revenue	0	0	0	0	0	0

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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No Records Found

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 1.8 - PPS Budget - Non-Waiver Revenue (Quarterly)

Instructions :

Please include updates on non-waiver revenue budget items for this quarterly reporting period. Reported actual spending will be compared to baseline projections and deviations will be evaluated. Any explanations regarding deviations from baseline projections must be included within the textbox, not as narrative within uploaded documentation.

Benchmarks

Non-Waiver Revenue DY2	Total Non-Waiver Revenue	Undistributed Non-Waiver Revenue YTD	Undistributed Non-Waiver Revenue Total
0	0	0	0

Budget Items	DY2 Q2 Quarterly Amount - Update	Cumulative Spending to Date (DY1 - DY5)	Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
Cost of Project Implementation & Administration	0	0	0		0	
Administration	0					
Implementation	0					
Revenue Loss	0	0	0		0	
Internal PPS Provider Bonus Payments	0	0	0		0	
Cost of non-covered services	0	0	0		0	
Other	0	0	0		0	
Total Expenditures	0	0				

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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No Records Found

Narrative Text :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

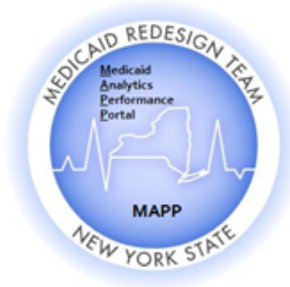
DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 1.9 - PPS Flow of Funds - Non-Waiver Revenue (Baseline)

Instructions :

In the table below, please detail your PPS's projected flow of non-waiver funds by provider type.

Funds Flow Items	DY1 (\$)	DY2 (\$)	DY3 (\$)	DY4 (\$)	DY5 (\$)	Total (\$)
Non-Waiver Revenue	0	0	0	0	0	0
Practitioner - Primary Care Provider (PCP)	0	0	0	0	0	0
Practitioner - Non-Primary Care Provider (PCP)	0	0	0	0	0	0
Hospital	0	0	0	0	0	0
Clinic	0	0	0	0	0	0
Case Management / Health Home	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0
Substance Abuse	0	0	0	0	0	0
Nursing Home	0	0	0	0	0	0
Pharmacy	0	0	0	0	0	0
Hospice	0	0	0	0	0	0
Community Based Organizations	0	0	0	0	0	0
All Other	0	0	0	0	0	0
Uncategorized	0	0	0	0	0	0
PPS PMO	0	0	0	0	0	0
Total Funds Distributed	0	0	0	0	0	0
Undistributed Non-Waiver Revenue	0	0	0	0	0	0

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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No Records Found

Narrative Text :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 1.10 - PPS Flow of Funds - Non-Waiver Revenue (Quarterly)

Instructions :

Please include updates on flow of funds for this quarterly reporting period by importing the PIT file and filling out the PPS PMO line manually. Reported actual fund distribution will be compared to baseline projections and deviations will be evaluated.

Any explanations regarding deviations from baseline projections must be included within the textbox, not as narrative within uploaded documentation.

Benchmarks

Non-Waiver Revenue DY2	Total Non-Waiver Revenue	Undistributed Non-Waiver Revenue YTD	Undistributed Non-Waiver Revenue Total
0.00	0.00	0.00	0.00

Funds Flow Items	DY2 Q2 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q2 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	DY Adjusted Difference	Cumulative Difference
Practitioner - Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0
Hospital	0	0.00%	0	0.00%	0	0	0
Clinic	0	0.00%	0	0.00%	0	0	0
Case Management / Health Home	0	0.00%	0	0.00%	0	0	0
Mental Health	0	0.00%	0	0.00%	0	0	0
Substance Abuse	0	0.00%	0	0.00%	0	0	0
Nursing Home	0	0.00%	0	0.00%	0	0	0
Pharmacy	0	0.00%	0	0.00%	0	0	0
Hospice	0	0.00%	0	0.00%	0	0	0
Community Based Organizations	0	0.00%	0	0.00%	0	0	0
All Other	0	0.00%	0	0.00%	0	0	0
Uncategorized	0	0.00%	0	0.00%	0	0	0
Additional Providers	0	0.00%	0	0.00%	0		

**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)



Funds Flow Items	DY2 Q2 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q2 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	DY Adjusted Difference	Cumulative Difference
PPS PMO	0	0.00%	0	0.00%	0	0	0
Total	0		0		0		

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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No Records Found

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider		
Provider Name	Provider Category	DY2Q2
Practitioner - Primary Care Provider (PCP)		0
	Practitioner - Primary Care Provider (PCP)	0
Practitioner - Non-Primary Care Provider (PCP)		0
	Practitioner - Non-Primary Care Provider (PCP)	0
Hospital		0
	Hospital	0
Clinic		0
	Clinic	0
Case Management / Health Home		0
	Case Management / Health Home	0
Mental Health		0
	Mental Health	0
Substance Abuse		0
	Substance Abuse	0
Nursing Home		0
	Nursing Home	0
Pharmacy		0
	Pharmacy	0
Hospice		0
	Hospice	0
Community Based Organizations		0
	Community Based Organizations	0
All Other		0
	All Other	0
Uncategorized		0
	Uncategorized	0



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider			
Provider Name	Provider Category	IA Provider Approval/Rejection Indicator	DY2Q2
Additional Providers			0
	Additional Providers		0



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 1.11 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section 02 – Governance

✅ IPQR Module 2.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize governance structure and sub-committee structure	Completed	This milestone must be completed by 9/30/2015. Governance and committee structure, signed off by PPS Board.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task 1. The AMCH Board of Governors (AMCH Board), as the Board of the PPS Lead, will approve the members of the AMCH Executive Steering Committee (PPS Board), which will report to the AMCH Board. The PPS Board will approve the charters for the standing committees for the AMCH PPS. The PAC Executive Committee will approve the PAC's operating guidelines and principles.	Completed	1. The AMCH Board of Governors (AMCH Board), as the Board of the PPS Lead, will approve the members of the AMCH Executive Steering Committee (PPS Board), which will report to the AMCH Board. The PPS Board will approve the charters for the standing committees for the AMCH PPS. The PAC Executive Committee will approve the PAC's operating guidelines and principles. The Collaborative Contracting model is currently in place where each partner participating in the PPS will have a contract with the AMCH PPS stipulating the roles and responsibilities. As the Lead Entity, AMCH retains ultimate decision making authority and is the contract partner for the State and the partners represented in the PAC. Thus, governance is coordinated and carried out through the joint efforts of AMCH and the PAC through a clearly defined committee structure. The PPS may evolve to a Delegated Model where the partners join together and delegate key responsibilities for PPS Governance to a newly created legal entity (NewCo) where the governing structure of Newco would directly oversee all aspects of Finance, Clinical, IT, and compliance governance with accountability to an Executive Governance Body representative of the partners. (If the PPS evolves to a	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		Delegated Model and there is a later-formed Newco, the governing body of Newco will assume responsibility for implementation of these identified steps outlined by AMCH in this implementation plan.)							
Task 2. AMCH will ensure adequacy of regional and key stakeholder participation.	Completed	2. AMCH will ensure adequacy of regional and key stakeholder participation and will create a list of nominees to serve as elected members of the PAC's Executive Committee.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Election of members of PAC Executive Committee.	Completed	3. With the approval of the PPS Board and the voting members of the PAC, the PAC will elect members to the PAC Executive Committee in a manner that reflects a balance of the types of providers and geographic regions in the PPS. The PAC Executive Committee will elect its own chair who will provide leadership and help coordinate the activities of the committee.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Establishment of subcommittees.	Completed	4. The PAC Executive Committee will seek representation of a diverse group of participating providers, with necessary expertise for the AMCH PPS committees that will oversee PPS activities. The following Committees will be established; Clinical and Quality Affairs, Finance, Audit and Compliance, Technology and Data Management, Consumer and Community Affairs, Cultural Competency and Health Literacy and the Workforce Coordinating Council. The Chair of each of the committees also serves on the PAC Executive Committee as a non-voting member. The PPS Board will approve the charters and members for each Committee, based on recommendations of the PAC Executive Committee.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Completed	This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 2. The Clinical and Quality Affairs Committee may elect to create sub-committees for the projects selected.	Completed	2. The Clinical and Quality Affairs Committee may elect to create sub-committees for the projects selected. Since there are interdependencies between projects, the Committee may elect to manage all of the projects as a single committee with support from AMCH's Project Management Office (PMO). The	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		PMO will also play an important role in managing and integrating clinical and quality issues in support of the mission of this committee. The Clinical and Quality Affairs Committee will be populated by licensed medical personnel and other individuals with expertise in data analytics and quality improvement, representatives of the geographic area served and the participating providers, and will have oversight responsibility for provider engagement, clinical protocol development, identification or development of quality metrics and performance incentives and standards, initial assessment of quality performance by PPS providers and the PPS, including review of RCE data, quality management and reporting, and related clinical activities. Its membership will include clinicians participating in the PPS's selected projects. It will report its findings and recommendations for adoption of quality metrics, performance incentives and standards and quality reporting to the PPS Board.							
Task 3. The Clinical and Quality Affairs Committee will develop detailed work plans for each project by identifying action steps needed, resources required and timelines for completion, etc.	Completed	3. The Clinical and Quality Affairs Committee will develop detailed work plans for each project by identifying action steps needed, resources required and timelines for completion, etc. Particular emphasis will be placed on operational and/or procedural changes required at clinical sites to integrate care management protocols, data collection, and quality improvement using PDSA cycles. Work plans will be provided to the PPS Board for review and approval.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Working with our PPS partner organizations and potentially also in collaboration with other neighboring PPSs, the Clinical and Quality Affairs Committee will identify or develop best practice guidelines and evidence-based protocols for all projects, where necessary and appropriate and recommend such protocols and guidelines to the PPS Board for adoption.	Completed	4. Working with our PPS partner organizations and potentially also in collaboration with other neighboring PPSs, the Clinical and Quality Affairs Committee will identify or develop best practice guidelines and evidence-based protocols for all projects, where necessary and appropriate and recommend such protocols and guidelines to the PPS Board for adoption. The Clinical and Quality Affairs Committee will work closely with the governing boards and medical staff of the PPS partner organizations to encourage and facilitate the adoption of these PPS guidelines and protocols by participating provider organizations.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 5. With the support of the PMO, the Chair of the Clinical and Quality Affairs Committee will develop the charge for any sub-committees and a calendar of meetings of the committees as warranted.	Completed	5. With the support of the PMO, the Chair of the Clinical and Quality Affairs Committee will develop the charge for any sub-committees and a calendar of meetings of the committees as warranted. Meetings will be based on a frequency needed to accomplish the work plan and goals of the committee and will allow for both web-based and face-to-face participation.	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. The Clinical and Quality Affairs Committee, in collaboration with the PAC Executive Committee and the other 6 committees as necessary, will develop and implement methods to capture baseline information as well as on-going data to support metric evaluation and milestone reporting for each project over the duration of DSRIP.	Completed	6. The Clinical and Quality Affairs Committee, in collaboration with the PAC Executive Committee and the other 6 committees as necessary, will develop and implement methods to capture baseline information as well as on-going data to support metric evaluation and milestone reporting for each project over the duration of DSRIP. The Clinical and Quality Affairs Committee will develop dashboards of quality data for purposes of governance oversight and reporting to the PPS and AMCH Board.	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 7. Draft workplans and best practice guidelines for each subcommittee will be finalized and approved by the CQAC.	On Hold	7. Draft workplans and best practice guidelines for each subcommittee will be finalized and approved by the CQAC.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 1. The PAC will adopt a detailed charge for the Clinical and Quality Affairs Committee.	Completed	1. The PAC will adopt a detailed charge for the Clinical and Quality Affairs Committee, which will be submitted for review and approval to the full PAC membership and the PPS Board.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Completed	This milestone must be completed by 9/30/2015. Upload of bylaws and policies document or committee guidelines.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task 1. The PAC's Charter and operating policies and procedures (PAC Governing Documents) required to efficiently organize and operate the PAC with a clearly defined governance structure will be finalized by the PAC Executive Committee and approved by the PPS Board.	Completed	1. The PAC's Charter and operating policies and procedures (PAC Governing Documents) required to efficiently organize and operate the PAC with a clearly defined governance structure will be finalized by the PAC Executive Committee and approved by the PPS Board.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2. Following PPS Board approval of the governance structure, committee charters for PPS Committees and the PAC Governance Documents, the PAC Executive Committee will adopt policies and procedures needed to effectively manage, through a shared governance structure, the activities of the	Completed	2. Following PPS Board approval of the governance structure, committee charters for PPS Committees and the PAC Governance Documents, the PAC Executive Committee will adopt policies and procedures needed to effectively manage, through a shared governance structure, the activities of the	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
adopt policies and procedures needed to effectively manage, through a shared governance structure.		participating provider network, including financial management, compliance, data collection, reporting and analysis and other activities required in the implementation plan. Policies and procedures relating to financial management, compliance, data reporting and collection and other key areas of implementation will be submitted for review and approval to the respective governance committee and the PPS Board.							
Task 3. The PAC Executive Committee will develop dispute resolution procedures.	Completed	3. The PAC Executive Committee will develop dispute resolution procedures that will be reviewed and approved by the PPS Board.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. The PAC will adopt policies and procedures to address non-or under-performing partner organizations, which will be approved by the PPS Board.	Completed	4. The PAC will adopt policies and procedures to address non-or under-performing partner organizations, which will be approved by the PPS Board. Contracts with PPS participating partners and project protocols will clearly articulate expectations of participation in the PPS and obligations in all critical areas, as well as consequences associated with under- or non-performance, per the scope of services and required elements of participation in the PPS.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. The Audit and Compliance Committee will adopt a Code of Conduct and Compliance Plan and policies (Compliance Documents).	Completed	5. The Audit and Compliance Committee will adopt a Code of Conduct and Compliance Plan and policies (Compliance Documents) that will incorporate the required elements of a compliance program in accordance with NYS Social Services Law Section 363-d, and will require all PPS partner organizations and individual participating providers to adhere to the requirements of the PPS Compliance Program. The Compliance Documents will be submitted to the PPS Board and the AMCH Board of Governors for review and approval.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #4 Establish governance structure reporting and monitoring processes	Completed	This milestone must be completed by 12/31/2015. Governance and committee structure document, including description of two-way reporting processes and governance monitoring processes.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. The PAC Executive Committee will generate data reporting templates to the PAC for two-way feedback and monitoring processes with	Completed	1. The PAC Executive Committee will generate data reporting templates to the PAC for two-way feedback and monitoring processes with reporting of all data regarding PPS and partner organization performance to the respective	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
reporting of all data regarding PPS and partner organization performance to the respective governance committee and to the PPS Board.		governance committee and to the PPS Board.							
Task 2. The PAC Executive Committee, in consultation with other PAC Committees, as necessary, and with assistance from the PMO, will develop dashboard reporting for each project. Dashboards will be used for improvement and accountability to communicate information to PPS providers, CBOs, and to governance.	Completed	2. The PAC Executive Committee, in consultation with other PAC Committees, as necessary, and with assistance from the PMO, will develop dashboard reporting for each project. Dashboards will be used for improvement and accountability to communicate information to PPS providers, CBOs, and to governance.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. The dashboard reports will use key project metrics to assess work-stream progress consistent with the details in this implementation plan. These metrics will include clinical, financial, human resource, information management, training and other essential variables of performance.	Completed	3. The dashboard reports will use key project metrics to assess work-stream progress consistent with the details in this implementation plan. These metrics will include clinical, financial, human resource, information management, training and other essential variables of performance.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. AMCH will develop tools for collecting and reporting data from all participating providers.	Completed	4. AMCH will develop tools for collecting and reporting data from all participating providers.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. AMCH will require all participating providers including CBOs to use the tools developed for collecting and reporting data.	Completed	5. AMCH will require all participating providers including CBOs to use the tools developed for collecting and reporting data.	12/15/2015	12/31/2015	12/15/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Completed	Community engagement plan, including plans for two-way communication with stakeholders.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	NO
Task 1. AMCH PPS PMO will utilize the Community Needs Assessment (CNA) and other sources, to identify hot spot areas across the 5 county service area to be included in the Community Engagement Plan (CEP). This plan will require the	Completed	1. AMCH PPS PMO will utilize the Community Needs Assessment (CNA) and other sources, to identify hot spot areas across the 5 county service area to be included in the Community Engagement Plan (CEP). This plan will require the PMO to conduct specific community engagement activities such as health forums, focus groups and other health related	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
PMO to conduct specific community engagement activities such as health forums, focus groups and other health related community events as may be necessary.		community events as may be necessary.							
Task 2. AMCH PPS PMO will collaborate with the Consumer and Community Affairs Committee (CCAC) and public and non-provider organizations to identify high visibility locations where community engagement activities would be beneficial. A master calendar will be developed each quarter identifying various engagement activities. This calendar will be made available to the PAC and the public through AMCH's web portal in subsequent quarters.	Completed	2. AMCH PPS PMO will collaborate with the Consumer and Community Affairs Committee (CCAC) and public and non-provider organizations to identify high visibility locations where community engagement activities would be beneficial. A master calendar will be developed each quarter identifying various engagement activities. This calendar will be made available to the PAC and the public through AMCH's web portal in subsequent quarters.	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. As part of the Community Engagement Plan (CEP), the AMCH PPS PMO will develop a communication plan utilizing print, electronic, and voice modalities to enhance collaboration and communication among and between public and non-provider organizations and other stakeholders to establish open and transparent two-way communication.	Completed	3. As part of the Community Engagement Plan (CEP), the AMCH PPS PMO will develop a communication plan utilizing print, electronic, and voice modalities to enhance collaboration and communication among and between public and non-provider organizations and other stakeholders to establish open and transparent two-way communication.	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Under the direction of the CCAC, actively participate in CORESTAT and other community revitalization efforts to communicate what the PPS is doing and coordinate ongoing outreach activities to encourage participation.	Completed	4. Under the direction of the CCAC, actively participate in CORESTAT and other community revitalization efforts to communicate what the PPS is doing and coordinate ongoing outreach activities to encourage participation.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Under the direction of the CCAC, continue to recruit and engage consumer and community participation in activities consistent with the approved community engagement plan.	Completed	5. Under the direction of the CCAC, continue to recruit and engage consumer and community participation in activities consistent with the approved community engagement plan.	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task	Completed	6. AMCH PPS PMO will present the CEP to the PAC	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
6. AMCH PPS PMO will present the CEP to the PAC Executive Committee for final approval.		Executive Committee for final approval.							
Milestone #6 Finalize partnership agreements or contracts with CBOs	In Progress	Signed CBO partnership agreements or contracts.	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task 1. Develop and execute partnership agreements with key CBOs in strategic locations throughout the 5 county service area.	Completed	1. Under the direction of the Consumer and Community Affairs Committee, develop and execute, partnership agreements with key CBOs in strategic locations throughout the 5 county service area.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Continue targeted outreach to strategic CBO partners to encourage active engagement and participation in the committees of the PAC.	Completed	2. Under the direction of the Consumer and Community Affairs Committee, continue targeted outreach to strategic CBO partners to encourage active engagement and participation in the committees of the PAC.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	Completed	Agency Coordination Plan.	11/01/2015	06/30/2016	11/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. The PMO will develop an agency coordination plan in collaboration with the CCAC, WCC, and CQAC. This plan will identify explicit ways that State and Local Public Sector agencies will be engaged in the activities of DSRIP as it continues to evolve. The coordination plan will be presented to the PAC Executive Committee for approval.	Completed	1. The PMO will develop an agency coordination plan in collaboration with the CCAC, WCC, and CQAC. This plan will identify explicit ways that State and Local Public Sector agencies will be engaged in the activities of DSRIP as it continues to evolve. The coordination plan will be presented to the PAC Executive Committee for approval.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Consistent with the approved coordination plan, the PMO will recruit participants from the various public sector agencies in coordination with municipal authorities, COReSTAT and SHIP.	Completed	2. Consistent with the approved coordination plan, the PMO will recruit participants from the various public sector agencies in coordination with municipal authorities, COReSTAT and SHIP.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 3. The PAC Executive Committee will develop an action plan for coordinating public sector agency	Completed	3. The PAC Executive Committee will develop an action plan for coordinating public sector agency activities with the detailed coordination plan of the PPS for discussion, review,	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
activities with the detailed coordination plan of the PPS for discussion, review, and adoption by the Agencies and Municipal Authorities, as necessary and appropriate. Meetings and communication will be documented as evidence of involvement and active participation of all key stakeholders.		and adoption by the Agencies and Municipal Authorities, as necessary and appropriate. Meetings and communication will be documented as evidence of involvement and active participation of all key stakeholders.							
Milestone #8 Finalize workforce communication and engagement plan	Completed	Workforce communication & engagement plan, including plans for two-way communication with all levels of the workforce, signed off by PPS workforce governance body (e.g. workforce transformation committee).	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. The PMO will complete an assessment of key stakeholder groups to evaluate their current commitment and the level of commitment required from them for projects to succeed.	Completed	1. The PMO will complete an assessment of key stakeholder groups to evaluate their current commitment and the level of commitment required from them for projects to succeed. This assessment will be conducted as a survey.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. The PMO will analyze the communication needs and required key messages by audience group, as well as the available communication channels that can be utilized for stakeholder engagement.	Completed	2. The PMO will analyze the communication needs and required key messages by audience group, as well as the available communication channels that can be utilized for stakeholder engagement. This will build on the initial communication plan developed by the PAC in November 2014.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. The PMO in collaboration with the Workforce Coordinating Council which includes labor, worker, and other key partner representation, will develop a strategy to communicate and engage the workforce.	Completed	3. The PMO in collaboration with the Workforce Coordinating Council which includes labor, worker, and other key partner representation, will develop a strategy to communicate and engage the workforce. This strategy will establish the vision, objectives and guiding principles as a means to engage key stakeholders, signed off by the PAC Executive Committee.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. The PMO and Workforce Coordinating Council will develop a communication and engagement plan.	Completed	4. The PMO and Workforce Coordinating Council will develop a communication and engagement plan, which will include objectives, principles, target audience, channel, barriers and risks, milestones, and effectiveness measurements. The communication and engagement plan will be approved by the PAC's Executive Committee.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #9 Inclusion of CBOs in PPS Implementation.	In Progress	Explain your plans for contracting with CBOs and their continuing role as your PPS develops over time; detail how	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4	NO



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		many CBOs you will be contracting with and by when; explain how they will be included in project delivery and in the development of your PPS network.							
<p>Task The five county regional area served by our PPS includes many CBOs. There is a rich history of community mobilization and empowerment, with grass roots organizations emerging to address the myriad of social, economic and other issues faced in our communities. Some, like Equinox, the AIDS Council of NENY and the Trinity Alliance of the Capital Region, Inc. are large and sophisticated, with numerous services at various sites. Others, like the Albany Damien Center and Caregivers Inc., are small with more limited services and focus. We have a catalogue of existing CBOs that was generated by our community needs assessment. In addition, many other CBOs have joined our PPS, and additional providers will be recruited and encouraged to participate. As the detailed implementation plan roles out and we continue to have community forums and focus groups, we will identify additional community stakeholders with whom we may contract. We recognize that these organizations have a unique ability to reach the uninsured and high utilizing Medicaid beneficiaries in ways that the bigger health institutions cannot. We expect to enter into contracts with Equinox, Alliance for Positive Health, Catholic Charities, the Interfaith Partnership for the Homeless, Senior Services of Albany and several others not yet identified. These organizations will be critical to several of our projects, including 2.d.i., 2.a.iii, 2.b.iii, and 3.a.ii. This process will evolve as we move</p>	In Progress	<p>The five county regional area served by our PPS includes many CBOs. There is a rich history of community mobilization and empowerment, with grass roots organizations emerging to address the myriad of social, economic and other issues faced in our communities. Some, like Equinox, the AIDS Council of NENY and the Trinity Alliance of the Capital Region, Inc. are large and sophisticated, with numerous services at various sites. Others, like the Albany Damien Center and Caregivers Inc., are small with more limited services and focus. We have a catalogue of existing CBOs that was generated by our community needs assessment. In addition, many other CBOs have joined our PPS, and additional providers will be recruited and encouraged to participate. As the detailed implementation plan roles out and we continue to have community forums and focus groups, we will identify additional community stakeholders with whom we may contract. We recognize that these organizations have a unique ability to reach the uninsured and high utilizing Medicaid beneficiaries in ways that the bigger health institutions cannot. We expect to enter into contracts with Equinox, Alliance for Positive Health, Catholic Charities, the Interfaith Partnership for the Homeless, Senior Services of Albany and several others not yet identified. These organizations will be critical to several of our projects, including 2.d.i., 2.a.iii, 2.b.iii, and 3.a.ii. This process will evolve as we move through stages of implementation and our detailed project work plans. We expect that most contracts will be executed by DY2, Q4.</p>	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
through stages of implementation and our detailed project work plans. We expect that most contracts will be executed by DY2, Q4.									

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
Finalize governance structure and sub-committee structure	If there have been changes, please describe those changes and upload any supporting documentation as necessary.	Please state if there have been any changes during this reporting quarter. Please state yes or no in the corresponding narrative box.
Finalize bylaws and policies or Committee Guidelines where applicable	If there have been changes, please describe those changes and upload any supporting documentation as necessary.	Please state if there have been any changes during this reporting quarter. Please state yes or no in the corresponding narrative box.

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize governance structure and sub-committee structure	ayersl3	Templates	1_DY2Q2_GOV_MDL21_PRES1_TEMPL_Governance_Committee_Template_7.1.16...9.30.16_6193.xlsx	Governance Committee Template DY2Q2	10/19/2016 01:12 PM
	ayersl3	Other	1_DY2Q2_GOV_MDL21_PRES1_OTH_Updated_Org_Charts_9.30.2016_6183.pdf	Updated Org Charts DY2Q2	10/19/2016 12:12 PM
	ayersl3	Templates	1_DY2Q2_GOV_MDL21_PRES1_TEMPL_Governance_Meeting_Schedule_Template_7.1.16...9.30.16_6182.xlsx	Governance Meeting Template DY2Q2	10/19/2016 12:11 PM
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	ayersl3	Other	1_DY2Q2_GOV_MDL21_PRES2_OTH_Updated_Org_Clinical_Charts_9.30.2016_6186.pdf	Updated clinical org charts	10/19/2016 12:15 PM
	ayersl3	Templates	1_DY2Q2_GOV_MDL21_PRES2_TEMPL_CLINICAL_Governance_Meeting_Template_7.1.2016-9.30-2016_6185.xlsx	Clinical Governance Meeting Template DY2Q2	10/19/2016 12:14 PM
	ayersl3	Templates	1_DY2Q2_GOV_MDL21_PRES2_TEMPL_Clinical_Governance_Committee_Template_7.1.2016-9.30.2016_6184.xlsx	Clinical Governance Template DY2Q2	10/19/2016 12:14 PM
Establish governance structure reporting and monitoring processes	ayersl3	Other	1_DY2Q2_GOV_MDL21_PRES4_OTH_Speed_and_Scale_Dashboard_DY2Q1_6194.pdf	Speed and Scale Dashboard DY2Q2	10/19/2016 01:14 PM
	ayersl3	Other	1_DY2Q2_GOV_MDL21_PRES4_OTH_AMCHPP	Hixny Update DY2Q2	10/19/2016 12:19 PM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			S_Hixny_9.30.2016_6188.xlsx		
	ayersl3	Other	1_DY2Q2_GOV_MDL21_PRES4_OTH_Finance_Reporting_and_Monitoring_7.1.2016-9.30.2016_6187.pdf	Finance Reporting and Monitoring DY2Q2	10/19/2016 12:18 PM
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	mcintyc	Templates	1_DY2Q2_GOV_MDL21_PRES5_TEMPL_Copy_of_Community_Engagement_Template_DY2Q2_7103.xlsx	AMCH PPS Community Engagement Template	10/27/2016 01:23 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	There were updates to this milestone during DY2Q2. Please see uploaded documents.
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	There have been updates to this milestone during DY2Q2. Please see uploaded documentation.
Finalize bylaws and policies or Committee Guidelines where applicable	No changes this quarter.
Establish governance structure reporting and monitoring processes	There were updates during DY2Q2. Please see uploaded documentation.
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	There were updates during DY2Q2. Please see uploaded documentation.
Finalize partnership agreements or contracts with CBOs	No updates this quarter
Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	No updates this quarter.
Finalize workforce communication and engagement plan	No updates this quarter.
Inclusion of CBOs in PPS Implementation.	No updates this quarter



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Complete	
Milestone #4	Pass & Complete	
Milestone #5	Pass & Complete	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Complete	
Milestone #8	Pass & Complete	
Milestone #9	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 2.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 2.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing your governance structure and processes and achieving the milestones described above, as well as potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

There will be challenges in governance as we move forward. One challenge will be to determine whether AMCH pursues creating a new legal entity to assume legal authority for the organization, management and operation of the PPS as the Lead Entity. There may be advantages to AMCH in pursuing this strategy. We continue to follow a collaborative contracting model at present. Our PPS is smaller in comparison with others, and there are advantages to having one ultimate organizational decision-maker, AMCH, in charge of the most significant issues. With that said, the PAC's Executive Committee and the PPS Board have clearly delineated roles and responsibilities to achieve shared governance. Second, we continue to be surprised at the lack of knowledge within certain health or health-related organizations and CBOs about DSRIP. Too many remain disengaged because they are not aware of what the project is attempting to do. More work needs to be done by the PPS and the NYSDOH to get the word out about the significance of what we are all trying to do to transform the health care system. The third risk relates to perception. Some of our current participating organizations are not going to be funded by DSRIP monies. They may have a marginal role and may not be involved in any specific project, with the probable exception of 2.a.i. When funding decisions get made and contracts executed, they are likely to become disengaged. We will continue to educate them and the community about their role, even if unfunded, in helping to integrate the care delivery system and transform payment mechanisms to value based arrangements. A fourth risk relates to non-safety net provider payment caps. As we transform and integrate care, more outpatient providers will become involved, who do not meet the safety net definition. We will continue to work to address this so that the 5% cap does not become a barrier to successful governance and community engagement. A fifth risk relates to dispute resolution. To address this and minimize potential conflict, we will lay out a transparent and fair process for dispute resolution. A sixth risk relates to overall adequacy of funding. Our small PPS size works against us in terms of fixed overhead and administrative expense. We still need to fund all of the key activities in the Project Management Office (PMO) required to manage the entire endeavor. However, as a percentage of the total award, our administrative expense is likely to be higher than others, due to their economies of scale. The challenge this creates is that we may not be adequately resourced to either manage the PPS and the 11 projects we are undertaking or we will not have adequate funding to do key things required to successfully implement all project activities. We are working to address this through a conservative approach to staffing, but this creates other risks and challenges if it ends up being under-resourced. We will be prudent in our fiscal stewardship of these taxpayer funds. Finally, we recognize that the success of our governance requires voluntary engagement of individuals and organizations who do not have time to do everything that may be asked of them. This is a particular concern with our PCPs, psychiatrists and other licensed providers. We need their engagement, leadership and input. Gaining the cooperation of providers to invest in developing key capabilities will require a governance process which generates trust through open and active engagement, development of multi-directional communications processes, and opportunities for provider and public comment on major developments and initiatives. We will mitigate our risks through effective communication, community engagement, transparent decision making, targeted approaches to enlist CBOs in the process and a fair process to distribute funds and resolve disputes.

✔ IPQR Module 2.4 - Major Dependencies on Organizational Workstreams



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

The interdependencies of each element and each project in this endeavor are significant. The overall value to the PAC and the transformation of care is both positive and synergistic. The downside, however, is that the interrelationships of each component creates dependencies that require everything succeed and that this success be based on a sequential plan that requires strict adherence to deadlines. The most important initial component relates to staffing. Successful implementation efforts and governance will be extremely dependent on staffing the PMO with motivated, high energy staff committed to the success of the entire project. It will take time to recruit and then train and orient professional staff to manage the complex affairs of the PAC, on behalf of the lead institution, AMCH or a later-formed Newco. It is hard to identify which of several other components are the next priority, since many happen at the same time. At a minimum, effective management and development of a comprehensive fiscal and IT strategy that are integrally linked to the success of the governance structure and model are necessary. Paying individuals and organizations via contract will ensure engagement and participation. Developing the IT strategy requires careful consideration of accurate data collection and reporting capabilities as well as the PMO's capacity to analyze complex data from disparate sources. Populating the 7 committees of the PAC to provide the expertise needed for informed decision making is an essential next step. Each of these areas need to be operating effectively to facilitate effective PPS governance. Open and transparent decision-making will be essential to developing and maintaining the trust and engagement of participating providers, and the community at large. Maintaining strong relationships with workforce stakeholders is important to system transformation. Practitioner engagement and leadership is critical to not only the development of and compliance with clinical care protocols, but with achieving levels of coordination and collaboration required to eliminate avoidable service utilization. The lead institution, the participating providers, the NYSDOH and the community at large all need to trust the governance structure and PPS leadership team to do the right thing. This trust must be earned. We remain committed, by consistent demonstration of our efforts, to earn this trust.



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 2.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for the development of your governance structure and processes and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
AMCH Board	AMCH Board	Appoint members of PPS Board, review reports and findings of PPS Board; approve PPS Code of Conduct and Compliance Plan.
PPS Board	PPS Board	Establish governance committees; approve committee charters and members; review committee recommendations and reports; approval of PAC charter and operating principles.
PAC Executive Committee	AMCH PPS key stakeholders and nominated sub-committee chairs , Project Management Office, and Legal Counsel	Development and approval of PAC Charter and Operating Principles, Committee charters, and PPS Policies; funding and staff resources.
Major Hospital Partners	Columbia Memorial Hospital, Saratoga Hospital and Albany Medical Center Hospital	Members of PAC Committees; staff support.
Physician organizations and large practices	Whitney Young CHC, CapitalCare Medical Group, LLC., Community Care Physicians, PC., AMC Faculty Practice, Planned Parenthood, etc.	Members for Board and PAC Committees, Care Management Protocols.
ACOs, Health Homes	Montefiore Medical Center, Regional Health Homes	Disease, Case and Care Management Protocols and Procedures.
Major CBOs and/or Social Service Agencies	Equinox, Catholic Charities, et.al.	PPS Committee members, program information, liaisons.
Behavioral Health Providers	Capital District Psychiatric Center, The Addictions Care Center of Albany, Inc., Conifer Park, Whitney Young CHC Methadone Maintenance, Catholic Charities, Equinox, Northern Rivers, Albany Medical Center Faculty Practice, etc.	Behavioral Health Engagement and Participation
Key advisors, counselors, attorneys, consultants	Albany Medical Center Legal Counsel, Bond, Schoeneck and King, LLC, Cicero and Rinaldi, LLC; Montefiore Medical Center as an ASO	Drafts governance documents, provider agreements, policies and procedures, etc.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ Module 2.6 - IPQR Module 2.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS with regard to your governance structure and processes.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Albany Medical Center Hospital: Dr. S. Frisch, Dr. D. McKenna, Dr. K. Manjunath, G. Kochem, G. Hickman, F. Spreer-Albert, C. Burke	Lead Applicant and Equity Contributor, Leadership Participant. Under the leadership of AMCH, the PMO will conduct the business of the lead applicant for all deliverables required by organizational milestones and metrics as identified in the work plan. As the largest institutional Medicaid provider, and one of the largest safety-net providers in the PPS, AMCH will also play an active role in terms of project implementation and work stream development across the project period.	Funding, leadership personnel, committee chairs, PAC Executive Committee participant.
Albany Medical College Faculty Physicians Group: Dr. F. Venditti, Dr. R. Blinkhorn, Dr. D. Clark, Dr. C. King, Dr. V. Balkoski, Dr. J. Rosenberger, Dr. P. Sorum, Dr. J. Desemone, J. Quinlan, C. Selke, P. Hildreth, G. Sleeper, A. Gallucci, M. Weygant	Physician Leadership will actively engage in clinical integration, training, protocol development, IT infrastructure, and fiscal planning to further the aims of integration and financial payment reform across the network. As one of the largest Primary Care providers for both adult and pediatric patients, as well as the region's only medical college, the faculty physician's group will play an important role in care integration and PCMH by providing training to students, residents, and fellows in the new model of care.	Funding, leadership personnel, committee chairs, PAC Executive Committee participant.
Albany Medical College - Education and Training: Dr. H Pohl, Dr. I. Allard, Dr. J. Bartfield, Dr. V. Verdile, Dr. E. Higgins, D. Guyett	The College will assist with the development of content, evaluative criteria, and electronic access to learning modules to assist the PMO with workforce development and other activities required by DSRIP implementation. The College will also assist the PPS in obtaining CME credits as an engagement tool as necessary and appropriate.	Leadership personnel, Workforce and Cultural Competency and Health Literacy Committees.
Columbia Memorial: J. Caruthers, W. Van Slyke, Dr. G. Davis, B. Ratfield, B. Mahoney	As a key stakeholder, this hospital will play an important sub-regional role in terms of leadership development, clinical integration, fiscal planning, IT development, practitioner engagement, quality improvement, and workforce. Columbia Memorial will serve as a regional hub for Columbia and Greene counties and will coordinate and integrate service providers within the Southern regional hub.	Leadership personnel, committee members, PAC Executive Committee.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Saratoga Hospital: A. Carbone, Dr. J. LaPlante, J. Mangona, D. Jones, J. Methven, G. Foster	As a key stakeholder, this hospital will play an important sub-regional role in terms of leadership development, clinical integration, fiscal planning, IT development, practitioner engagement, quality improvement, and workforce. Saratoga Hospital will serve as a regional hub for Saratoga and Warren counties and will coordinate and integrate service providers within the Northern regional hub.	Leadership personnel, committee members, PAC Executive Committee.
Contracted CBOs	Participating CBOs will be actively engaged in the development of strategies to involve consumers, assistance with community engagement, coordination of outreach efforts, and communication. CBOs may also participate in PAM assessments, treatment plan development and management, and identification of local needs consistent with the terms and conditions of the waiver.	Leadership personnel, Consumer and Community Engagement Committee leadership/membership.
Numerous Primary Care and Behavioral Health Organizations	These participating organizations will be critical stakeholders to engage in integration and transformation at the site level. They will provide feedback and input to the CQAC to ensure provider participation, quality improvement and accuracy and completeness of data reporting.	Leadership personnel, PAC member, Clinical and Quality Affairs membership.
External Stakeholders		
Public Health and Social Services Agencies; Dr. E. Whalen	As public agencies, these participating organizations will assist with public health and community needs assessments, prevention planning, workforce issues, and other strategies consistent with their mission. County-run agencies will also be actively engaged in various projects, as well as helping to communicate across the county the action steps and deliverables required for successful implementation. Those agencies who offer specific services, e.g. mental health counseling, will also participate in CQAC activities and other deliverables as warranted.	Educate the community about DSRIP, the importance of prevention, and how to access care.
Medicaid Beneficiaries	Participate in their own care and provide feedback	Through surveys and other means, provide feedback.
NYSDOH	Provide oversight, direction, and data	Provide ongoing feedback regarding deliverables and data necessary for reporting purposes.



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✅ IPQR Module 2.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream and your ability to achieve the milestones described above.

It is expected that the Clinical and Quality Affairs Committee will approve and oversee implementation of methods to capture baseline data and support the systematic capturing of data related to metric evaluation and milestone reporting required for each project over the five years of the program. Otherwise, progress reporting for governance initially has limited dependence on having essential IT infrastructure in place. Unlike other components of this implementation plan that cannot move forward or even measure success without IT, governance is different. Our reporting requires documentation of decision-making, approval of plans, governance documents and other related items. It is largely a process driven activity that is not dependent on clinical and other data to demonstrate success or failure, at least in DY1. It is not critical for the effective initial activities of the PAC, the committees or the PPS Board that the IT infrastructure is in place in the first few quarters. In fact, it will not happen that way sequentially. Governing bodies must be fully engaged prior to full implementation of our IT infrastructure. Governance must decide, based on the feedback from the committees, the NYSDOH and others, exactly what investments, from the limited pool of funds available, need to be made to create the IT infrastructure. The PMO will purchase project management software that will assist in required areas of reporting and project management and analysis, but this is only the initial phase of IT infrastructure development and does not have clinical implications.

✅ IPQR Module 2.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

Much of the reporting required for evaluation of the success of our efforts at governance will be documented via written materials, like meeting minutes, approved governance documents, operating policies and procedures and guidelines and all of our various approved plans, like our Consumer and Community Engagement Plan. We will also continue to record our web-based meetings and will provide materials that were presented, lists of registered attendees and action steps, if any, resulting from the question and answer sessions included in each monthly update. To assist the community and to demonstrate our transparency, each of these documents or recorded sessions will be available on our public domain website for review and comment. To the extent possible, we will also provide documented summaries of meetings between our PPS and the overlapping PPSs to demonstrate our efforts to collaborate and cooperate on various initiatives.

IPQR Module 2.9 - IA Monitoring

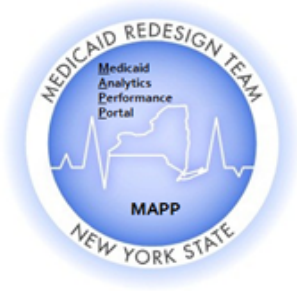
Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section 03 – Financial Stability

✅ IPQR Module 3.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize PPS finance structure, including reporting structure	Completed	This milestone must be completed by 12/31/2015. PPS finance structure chart / document, signed off by PPS Board.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. AMCH's PAC Executive Committee will recommend members for appointment to the Finance Committee to AMCH Executive Steering Committee (PPS Board).	Completed	1. AMCH's PAC Executive Committee will work with PPS membership of the PAC to identify appropriate members of the Finance committee to ensure appropriate capability, geographic representation and a broad provider representation from across the PPS. The PAC Executive Committee will recommend members for appointment to the Finance Committee to AMCH Executive Steering Committee (PPS Board).	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2. AMCH PPS's Finance committee will develop a Committee charter.	Completed	2. AMCH PPS's Finance committee will develop a Committee charter to be presented to the AMCH PAC Executive Committee and the PPS Board for review and approval.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 3. The PAC Finance Committee will define clear fiscal responsibilities for management of DSRIP funds and PPS financial operations.	Completed	3. Reporting up to the PPS Board and AMCH's DSRIP Project Management Office (PMO), the PAC Finance Committee will define clear fiscal responsibilities for management of DSRIP funds and PPS financial operations, including budget and funds flow preparation, fund disbursement, financial reporting by AMCH PPS to DOH and from partners to AMCH PPS, and internal controls. These deliverables will be reviewed and approved by PPS Board, the PAC Executive Committee and the voting members of the PAC.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. The PPS Board will approve the charter for	Completed	4. The PPS Board will approve the charter for the Finance	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
the Finance Committee of the PPS.		Committee of the PPS. The Finance Committee will develop financial budgeting and reporting processes working with other PAC committees, providers and PMO leadership.							
Task 5. AMCH PPS's Finance Committee will recommend financial budgeting, management and reporting structures to the PPS Board, ensuring that funds are appropriately segregated, managed and utilized in a manner that is consistent with the goals and objectives of DSRIP.	Completed	5. AMCH PPS's Finance Committee will recommend financial budgeting, management and reporting structures to the PPS Board, ensuring that funds are appropriately segregated, managed and utilized in a manner that is consistent with the goals and objectives of DSRIP.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. The PAC Executive Committee approves budgeting and reporting structure, and recommends the structure for approval by the PPS AMC Board.	Completed	6. The PAC Executive Committee approves budgeting and reporting structure, and recommends the structure for approval by the PPS AMC Board.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Completed	This milestone must be completed by 3/31/2016. Network financial health current state assessment (to be performed at least annually). The PPS must: - identify those providers in their network that are financially fragile, including those that have qualified as IAAF providers; -- define their approach for monitoring those financially fragile providers, which must include an analysis of provider performance on the following financial indicators: days cash on hand, debt ratio, operating margin and current ratio; -- include any additional financial indicators that they deem necessary for monitoring the financial sustainability of their network providers	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. AMCH PPS Finance Committee will identify appropriate financial metrics and conduct a survey to identify financially fragile members of the PPS.	Completed	1. AMCH PPS Finance Committee will identify appropriate financial metrics and conduct a survey to identify financially fragile members of the PPS.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. AMCH PPS PMO, along with the Finance Committee, will complete and update the original financial assessment from the project planning	Completed	2. AMCH PPS PMO, along with the Finance Committee, will complete and update the original financial assessment from the project planning phase. A key component of this assessment will be to identify partners experiencing financial	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
phase. A key component of this assessment will be to identify partners experiencing financial distress that are essential to DSRIP Project success.		distress that are essential to DSRIP Project success.							
Task 3. AMCH PPS Finance Committee will identify necessary steps, such as evaluation of staffing, cash on hand, debt ratio, operating margin, and current ratio, as well as other financial indicators, to help identify financially fragile organizations. To the extent feasible, the PPS will assist financially fragile organizations to regain sound financial status by offering technical support or other guidance as deemed appropriate by the committee and approved by the AMCH PAC Executive Committee. Meetings with key leaders and decision makers will be facilitated to discuss the findings. A plan will be crafted to help transition said organizations' financial status. Key benchmarks, financial models, and goals will be provided, as well as financial coaching, training, and other resources as necessary.	Completed	3. AMCH PPS Finance Committee will identify necessary steps, such as evaluation of staffing, cash on hand, debt ratio, operating margin, and current ratio, as well as other financial indicators, to help identify financially fragile organizations. To the extent feasible, the PPS will assist financially fragile organizations to regain sound financial status by offering technical support or other guidance as deemed appropriate by the committee and approved by the AMCH PAC Executive Committee. Meetings with key leaders and decision makers will be facilitated to discuss the findings. A plan will be crafted to help transition said organizations' financial status. Key benchmarks, financial models, and goals will be provided, as well as financial coaching, training, and other resources as necessary.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. AMCH PPS Finance Committee will develop an ongoing monitoring process to assess at risk providers, including periodic assessments of key financial ratios. This plan will be communicated to providers through the PMO as appropriate.	Completed	4. AMCH PPS Finance Committee will develop an ongoing monitoring process to assess at risk providers, including periodic assessments of key financial ratios. This plan will be communicated to providers through the PMO as appropriate.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Completed	This milestone must be completed by 12/31/2015. Finalized Compliance Plan (for PPS Lead).	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. AMCH PPS Audit and Compliance Committee in collaboration with the PPS compliance officer and legal council, will develop a Code of Conduct and Compliance Plan that encompass the required compliance elements set forth in NYS Social Services Compliance Law 363-d as applied to the PPS.	Completed	1. AMCH PPS Audit and Compliance Committee in collaboration with the PPS compliance officer and legal council, will develop a Code of Conduct and Compliance Plan that encompass the required compliance elements set forth in NYS Social Services Compliance Law 363-d as applied to the PPS.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Social Services Compliance Law 363-d as applied to the PPS.									
Task 2. AMCH PPS Audit and Compliance Committee will present the Code of Conduct and Compliance Plan to the PPS Board for review and approval.	Completed	2. AMCH PPS Audit and Compliance Committee will present the Code of Conduct and Compliance Plan to the PPS Board for review and approval.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. PPS Board reviews and adopts the Code of Conduct and Compliance Plan; the AMCH Board of Governors reviews and adopts the Code of Conduct and Compliance Plan. The Board approved Code of Conduct and Compliance Plan are disseminated to the PAC.	Completed	3. PPS Board reviews and adopts the Code of Conduct and Compliance Plan; the AMCH Board of Governors reviews and adopts the Code of Conduct and Compliance Plan. The Board approved Code of Conduct and Compliance Plan are disseminated to the PAC.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. PMO staff in collaboration with the WCC will develop a Compliance Plan and Code of Conduct training strategy for the PPS.	Completed	4. PMO staff in collaboration with the WCC will develop a Compliance Plan and Code of Conduct training strategy for the PPS.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. AMCH PPS continues implementation operation of the Compliance Program. AMCH PPS Executive Director completes OMIG's required certification for Compliance Program.	Completed	5. AMCH PPS continues implementation operation of the Compliance Program. AMCH PPS Executive Director completes OMIG's required certification for Compliance Program.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #4 Develop detailed baseline assessment of revenue linked to value based payment, preferred compensation modalities for different provider types and functions, and MCO strategy for the PPS and for facilitating network partner engagement with the MCOs.	Completed	This milestone must be completed by 09/30/2016. Value-based payment plan, signed off by PPS board.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	YES
Task 1. AMCH's PMO staff in collaboration with the Finance Committee will gather baseline Medicaid aggregate revenue data and methods of reimbursement to determine fee for service and value based payment streams existing in the PPS.	Completed	1. AMCH's PMO staff in collaboration with the Finance Committee will gather baseline Medicaid aggregate revenue data and methods of reimbursement to determine fee for service and value based payment streams existing in the PPS.	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 2. AMCH's PMO staff and Finance Committee will develop and disseminate educational materials.	Completed	2. AMCH's PMO staff and Finance Committee will develop and disseminate educational materials as part of a broader communication strategy for the PPS network including information to be shared with providers.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. AMCH's PMO will assess network readiness to transform to VBP.	Completed	3. AMCH's PMO will assess network readiness to transform to VBP.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. AMCH PPS will survey providers regarding their VBP contracts.	Completed	4. AMCH PPS will survey providers regarding their VBP contracts and if they have any, what are their compensation modalities. Survey information will be presented to the Finance Committee and the PAC Executive Committee.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. AMCH PPS Finance Committee will analyze revenue data related to VBP and develop a draft report for AMCH Executive Steering Committee to review and comment.	Completed	5. AMCH PPS Finance Committee will analyze revenue data related to VBP and develop a draft report for AMCH Executive Steering Committee to review and comment.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. AMCH PPS Finance Committee will finalize a revenue assessment report and submit to AMCH Executive Steering Committee for approval.	Completed	6. AMCH PPS Finance Committee will finalize a revenue assessment report and submit to AMCH Executive Steering Committee for approval.	02/01/2016	09/30/2016	02/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 7. AMCH PAC Executive Committee will approve the report and communicate results to PPS providers.	Completed	7. AMCH PAC Executive Committee will approve the report and communicate results to PPS providers.	03/01/2016	09/30/2016	03/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #5 Finalize a plan towards achieving 80% value-based payments across network by year 5 of the waiver at the latest, including efforts to educate PPS network partners on VBP, organizational models to support VBP contracting such as ACOs and IPAs, and to facilitate network partner engagement with MCOs.	Completed	This milestone must be completed by 3/31/2017. Value-based payment plan, signed off by PPS board.	04/01/2015	03/31/2017	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	YES
Task 1. AMCH PMO will establish a VBP workgroup to develop a plan starting with prioritization of potential opportunities and providers for value based arrangements.	Completed	1. AMCH PMO will establish a VBP workgroup to develop a plan starting with prioritization of potential opportunities and providers for value based arrangements. Workgroup participants will include AMCH executive leadership, finance committee chair, audit and compliance committee chair, PMO	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		executive director, participating providers and other members as appropriate.							
Task 2. AMCH PPS's PMO and AMC Integrated Delivery System Director will engage Medicaid Managed Care Organizations in dialogue on value based payment methodologies.	Completed	2. AMCH PPS's PMO and AMC Integrated Delivery System Director will engage Medicaid Managed Care Organizations in dialogue on value based payment methodologies. Meetings will be held on a monthly basis during DY1 and DY2.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 3. AMCH PPS's PMO will identify VBP accelerators and challenges within AMCH PPS related to implementation of the VBP models including existing ACO's and MCO models, shared savings arrangements, IT structure requirements and contracting complexities.	Completed	3. AMCH PPS's PMO will identify VBP accelerators and challenges within AMCH PPS related to implementation of the VBP models including existing ACO's and MCO models, shared savings arrangements, IT structure requirements and contracting complexities.	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 4. AMCH PPS will align providers and projects where VBP accelerators or challenges exist to develop timelines for VBP implementation.	Completed	4. AMCH PPS will align providers and projects where VBP accelerators or challenges exist to develop timelines for VBP implementation.	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 5. AMCH PPS's VBP Workgroup will assess all data and development of VBP timeline with MCO's, AMCH Finance Committee, PMO staff, and the PPS.	Completed	5. AMCH PPS's VBP Workgroup will assess all data and development of VBP timeline with MCO's, AMCH Finance Committee, PMO staff, and the PPS.	06/01/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 6. AMCH PPS VBP Workgroup will complete a draft plan for VBP adoption for review and approval by the Finance Committee.	Completed	6. AMCH PPS VBP Workgroup will complete a draft plan for VBP adoption for review and approval by the Finance Committee.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 7. AMCH PPS VBP Workgroup will prepare draft plan for presentation to PPS Board and MCO's.	Completed	7. AMCH PPS VBP Workgroup will prepare a draft plan for presentation to the PPS Board and MCO's.	11/01/2016	12/31/2016	09/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 8. PPS Board and MCO's agree upon and approve the plan towards achieving 90% value-based payments across network by year 5 of the waiver. PPS Board approves the VBP plan.	Completed	8. PPS Board and MCO's agree upon and approve the plan towards achieving 90% value-based payments across network by year 5 of the waiver. PPS Board approves the VBP plan.	11/01/2016	12/31/2016	09/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #6 ≥10% of total MCO-PPS payments (in terms of	Completed		04/01/2015	03/31/2020	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	YES



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
total dollars) captured in at least Level 1 VBPs									
Milestone #7 ≥50% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	Completed		04/01/2015	03/31/2020	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	YES
Milestone #8 ≥80% of total MCO payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 20%* (blended for 35% target for fully capitated plans (MLTC and SNPS) and 15% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	Completed		04/01/2015	03/31/2020	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	YES

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
Finalize PPS finance structure, including reporting structure	If there have been changes, please describe those changes and upload any supporting documentation as necessary.	Please state if there have been any changes during this reporting quarter. Please state yes or no in the corresponding narrative box.

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	ayersl3	Policies/Procedures	1_DY2Q2_FS_MDL31_PRES2_P&P_NYCN1-#94624-v4-AMCH_Financial_Sustainability_Policy_-_Final_9.30.2016_6189.pdf	Financial Sustainability Policy - Updated DY2Q2	10/19/2016 12:27 PM
Develop detailed baseline assessment of revenue linked to value based payment, preferred compensation modalities for different	ayersl3	Other	1_DY2Q2_FS_MDL31_PRES4_OTH_Doc1_6265.docx	Blank file	10/20/2016 01:49 PM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
provider types and functions, and MCO strategy for the PPS and for facilitating network partner engagement with the MCOs.					
Finalize a plan towards achieving 80% value-based payments across network by year 5 of the waiver at the latest, including efforts to educate PPS network partners on VBP, organizational models to support VBP contracting such as ACOs and IPAs, and to facilitate network partner engagement with MCOs.	ayersl3	Other	1_DY2Q2_FS_MDL31_PRES5_OTH_Doc1_6267.docx	Blank file	10/20/2016 01:51 PM
≥10% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs	ayersl3	Other	1_DY2Q2_FS_MDL31_PRES6_OTH_Doc1_6270.docx	Blank file	10/20/2016 01:53 PM
≥50% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	ayersl3	Other	1_DY2Q2_FS_MDL31_PRES7_OTH_Doc1_6271.docx	Blank file	10/20/2016 01:54 PM
≥80% of total MCO payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 20%* (blended for 35% target for fully capitated plans (MLTC and SNPS) and 15% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	ayersl3	Other	1_DY2Q2_FS_MDL31_PRES8_OTH_Doc1_6272.docx	Blank file	10/20/2016 01:55 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize PPS finance structure, including reporting structure	There were no updates during this quarter.
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	There were updates to this milestone during DY2Q2. Please see uploaded documentation.
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	There were no changes to this milestone.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop detailed baseline assessment of revenue linked to value based payment, preferred compensation modalities for different provider types and functions, and MCO strategy for the PPS and for facilitating network partner engagement with the MCOs.	No updates
Finalize a plan towards achieving 80% value-based payments across network by year 5 of the waiver at the latest, including efforts to educate PPS network partners on VBP, organizational models to support VBP contracting such as ACOs and IPAs, and to facilitate network partner engagement with MCOs.	No updates
≥10% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs	No updates.
≥50% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	No updates
≥80% of total MCO payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 20%* (blended for 35% target for fully capitated plans (MLTC and SNPS) and 15% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	No updates

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Complete	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #8	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 3.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



New York State Department Of Health Delivery System Reform Incentive Payment Project DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 3.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing these cross-cutting organizational strategies, including potential impacts on specific projects and, crucially, any risks that will undermine your ability to achieve outcome measure targets.

There are many challenges to implementing the organizational strategies required for the financial sustainability work stream that could impact AMCH PPS' efforts to assess and monitor the financial health of the PPS and achieve the outcome measure targets. Implementation of the financial reporting systems needed to monitor the financial stability of the network is key among these risks. Education, communication and eventual buy in from the AMCH PPS providers into the overall goals of DSRIP and the financial structure in place is another key risk factor that will require mitigation. The success of the AMCH PPS in achieving the selected project goals as well as the overall DSRIP Goals is dependent upon current reporting and communication of significant data across the PPS. The IT integration and support needed to collect and analyze the finances and flow of funds is critical to the success of this work stream. The Technology and Data Management Committee is tasked with the development of an integrated IT system to not only support the financial work stream, but the project data and reporting functions needed to reach full integration. There will be a significant need for capital investment that will be critical in the mitigation of this risk. One of the largest risks is the move from a fee for service payment system to a value based payment system in collaboration with the providers and the MCO's. This collaboration will be difficult as both the PPS and the MCO's have a financial interest in the outcomes, and prior to DSRIP, much of that process has been competitive and not collaborative. In addition, providers currently negotiate payments with MCO's individually, but under DSRIP, it is anticipated that negotiations for VBP's with Medicaid MCO's may involve the PPS at some level, although providers in the AMCH PPS will remain free to contract independently with Medicaid MCO's. There will be major hurdles to overcome to effect the change. Also, many of the MCO's currently provide many of the quality improvement functions that the PPS will need to put in place to meet the goals and objectives of DSRIP. To avoid duplication, the PPS will work collaboratively with MCO's for effective resource utilization. These changes will take time and require efficient communication and support from the DOH. To mitigate these risks the PPS will utilize two strategies. First, engagement of PPS providers in the transformation of the payment system through well thought out strategies effectively disseminated. Second, the PPS will develop comprehensive IT integration to facilitate and support payment transformation.

✓ IPQR Module 3.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

The financial sustainability work stream is dependent on the IT Systems & Processes work stream. For example, financial decisions from readiness to risk assumption are predicated upon accurate and complete financial data from participating institutions. The success of the financial sustainability work stream is intricately linked to the performance reporting and practitioner engagement work streams. It is not sufficient to have financial data, there must also be active engagement from practitioners and organizational leadership. The financial sustainability work stream is dependent upon governance. The transition to VBP payment arrangements will require strong leadership from the governance structures of the



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

AMCH PPS to lead the transformation of the payment system. The PPS Board and PPS committees, as the guiding bodies of the PPS, must provide an effective, engaged governance process to establish the roles and responsibilities of all committees and participating providers. The financial sustainability work stream is dependent upon a workforce committed to successful transformation to a sustainable business model. All other work streams are dependent upon financial sustainability to ensure their success rather than financial sustainability having major dependencies on those work streams.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 3.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
AMCH Board of Directors, PMO Executive Director	Louis Filhour, PhD	Manage project efforts to transform payment models across the delivery system.
Chair, Finance Committee	Frances Spreer-Albert	Manage the affairs of the finance committee including the development of the financial plan.
AMCH Compliance Officer	Noel Hogan	Certify PPS compliance plan to the Department of Health.
Director, Integrated Delivery Systems	Joan Martin	Monthly engagement with MCOs.
PPS Chief Financial Officer	Lauren Ayers, MBA	Manage PPS financial operations, planning and analysis, including budget and funds flow development, financial reporting and tracking, and PPS financial performance.
Contracted Behavioral Health Provider Organizations	Capital District Psychiatric Center, The Addictions Care Center of Albany, Inc., Conifer Park, Whitney Young CHC Methadone Maintenance, Catholic Charities, Equinox, Northern Rivers, Albany Medical Center Faculty Practice	Behavioral Health Engagement and participation



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 3.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Albany Medical Center Hospital	Active participation	Willing participation in new payment models.
Albany Medical College Faculty Physicians Group	Active participation	Willing participation in new payment models.
Participating PPS Providers	Active participation	Willing participation in new payment models.
Workers	Supportive role	Willing participation in new payment models.
External Stakeholders		
NYSDOH	Payment	Payments will follow waiver requirements, milestone reporting and metrics per executed contracts.
Local agencies serving Medicaid Population	Engagement	Engage consumers in behavioral modification.
CBOs, as necessary	Community engagement	Educate and participate as necessary to ensure financial sustainability.
MCOs	Active participation	Willing participation in new payment models.
Patients	Engagement in care	Responsible use of medical resources.



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 3.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream.

Financial budgeting and reporting is critical in monitoring and maintaining the financial stability of the PPS and its providers. The development of a shared IT infrastructure across the PPS is a major pillar that needs to be built and supported in order for the PPS to be successful, including the accumulation of financial data. This integration of IT will also allow for the reporting of needed financial and budget information across the PPS in an efficient and expedient manner, allowing the financial sustainability to be monitored as well as the flow of DSRIP funding among budget categories, projects and providers. The IT system will include reports, and audit trail information for the finances of the PPS. This will allow the PPS to meet future audit and reporting requirements by the DOH, CMS, and OMIG.

✔ IPQR Module 3.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

AMCH PPS will align its financial management and sustainability progress reporting with the reporting and oversight structures in place for the DSRIP projects. The PMO will be responsible for monitoring progress against project requirements and process measures at a provider level. This information will be shared with the Finance Committee of the AMCH PPS for review and input, and reports will be generated and shared with the PPS Board for review, approval and guidance to the PPS. The success of the financial work stream will be measured by the timeliness of the reporting as set forth in the plan, the accuracy of these reports both internally and to the DOH, the development and implementation of proactive steps to determine financial sustainability, PPS assistance to promote the financial stability of partners, and the communication of this reporting to the partners and community in a timely fashion.

IPQR Module 3.9 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section 04 – Cultural Competency & Health Literacy

✅ IPQR Module 4.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement. Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize cultural competency / health literacy strategy.	Completed	This milestone must be completed by 12/31/2015. Cultural competency / health literacy strategy signed off by PPS Board. The strategy should: -- Identify priority groups experiencing health disparities (based on your CNA and other analyses); -- Identify key factors to improve access to quality primary, behavioral health, and preventive health care -- Define plans for two-way communication with the population and community groups through specific community forums -- Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors); and -- Identify community-based interventions to reduce health disparities and improve outcomes.	05/01/2015	12/31/2015	05/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. AMCH PPS will create a Cultural Competency & Health Literacy Committee (CCHLC) that will include consumer, provider and CBO representation. The CCHLC will follow The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) to establish system-wide guidelines. Building on the comprehensive CNA and survey activities, the CCHLC will approve of developed targeted approaches that address	Completed	1. AMCH PPS will create a Cultural Competency & Health Literacy Committee (CCHLC) that will include consumer, provider and CBO representation. The CCHLC will follow The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) to establish system-wide guidelines. Building on the comprehensive CNA and survey activities, the CCHLC will approve of developed targeted approaches that address cultural norms and mores, health burden of selected chronic diseases, the role of religious and other community supportive	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
cultural norms and mores, health burden of selected chronic diseases, the role of religious and other community supportive services, environmental factors and selected psycho-social issues. The guidelines approved by the CCHLC will be reviewed and approved by the PAC's Clinical and Quality Affairs Committee and the Executive Committee.		services, environmental factors and selected psycho-social issues. The guidelines approved by the CCHLC will be reviewed and approved by the PAC's Clinical and Quality Affairs Committee and the Executive Committee.							
Task 2. In collaboration with high needs community neighborhoods identified in the comprehensive CNA completed in November 2014, AMCH PPS will seek additional community input and will continue to analyze data to identify hot spots where health disparities are the most prevalent. This will allow us to create a framework for identifying areas with the highest need and to target our limited resources in a coordinated approach to address disparities in care that are linked to race, ethnicity, gender, sexual orientation and/or disability.	Completed	2. In collaboration with high needs community neighborhoods identified in the comprehensive CNA completed in November 2014, AMCH PPS will seek additional community input and will continue to analyze data to identify hot spots where health disparities are the most prevalent. This will allow us to create a framework for identifying areas with the highest need and to target our limited resources in a coordinated approach to address disparities in care that are linked to race, ethnicity, gender, sexual orientation and/or disability.	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. CCHLC will conduct an assessment of the competency of PPS Provider staff to provide services that are culturally and linguistically appropriate for those they serve. This assessment will be based on a survey of participating providers, input from our consumer and community affairs committee and various community stakeholders, including appropriate CBOs. It will identify where gaps exist and will be informed by material obtained from number 1, above. We will specifically identify the linguistic capabilities at each participating provider site. This assessment will be used to identify providers where cultural competency could be improved. The assessment will identify	Completed	3. CCHLC will conduct an assessment of the competency of PPS Provider staff to provide services that are culturally and linguistically appropriate for those they serve. This assessment will be based on a survey of participating providers, input from our consumer and community affairs committee and various community stakeholders, including appropriate CBOs. It will identify where gaps exist and will be informed by material obtained from number 1, above. We will specifically identify the linguistic capabilities at each participating provider site. This assessment will be used to identify providers where cultural competency could be improved. The assessment will identify accessibility of appropriate linguistic services and CBO availability to provide these services.	05/01/2015	12/31/2015	05/01/2015	12/31/2015	12/31/2015	DY1 Q3	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
accessibility of appropriate linguistic services and CBO availability to provide these services.									
Task 4. Building on successful approaches developed by the NYSDOH's AIDS Institute, the CCHLC will approve of customized health literacy tools to assist all participating providers with assessment, engagement, coordination, individualized patient assistance and integration with CBOs and other appropriate partners. The assessment will include patient self-assessment as well as a teach-back approach. Patients with low literacy and/or comprehension will be supported with patient or community navigators. Patient engagement and education materials will be provided in languages that are appropriate, and at a reading level consistent with the patient's ability to comprehend. When this is not feasible, other methods will be employed to engage the patient to be a partner in their care. These tools will be reviewed by the Consumer and Community Affairs Committee and field tested to ensure wide-spread adoption across the disparate geographic area in the PPS.	Completed	4. Building on successful approaches developed by the NYSDOH's AIDS Institute, the CCHLC will approve of customized health literacy tools to assist all participating providers with assessment, engagement, coordination, individualized patient assistance and integration with CBOs and other appropriate partners. The assessment will include patient self-assessment as well as a teach-back approach. Patients with low literacy and/or comprehension will be supported with patient or community navigators. Patient engagement and education materials will be provided in languages that are appropriate, and at a reading level consistent with the patient's ability to comprehend. When this is not feasible, other methods will be employed to engage the patient to be a partner in their care. These tools will be reviewed by the Consumer and Community Affairs Committee and field tested to ensure wide-spread adoption across the disparate geographic area in the PPS.	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. The CCHLC will approve the development of patient and provider materials utilizing outside experts, best practice guidelines and evidence -based approaches. A variety of materials, including web-based learning and other technologies, will be field tested and reviewed with key stakeholders in the community, the Consumer and Community Affairs Committee, AMC's Center for Learning and Development, the PAC's Executive Committee and the PPS. This approach will also be coordinated with various managed care organizations to improve	Completed	5. The CCHLC will approve the development of patient and provider materials utilizing outside experts, best practice guidelines and evidence -based approaches. A variety of materials, including web-based learning and other technologies, will be field tested and reviewed with key stakeholders in the community, the Consumer and Community Affairs Committee, AMC's Center for Learning and Development, the PAC's Executive Committee and the PPS. This approach will also be coordinated with various managed care organizations to improve material development and dissemination.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
material development and dissemination.									
Task 6. The CCHLC will work with all participating providers to improve health literacy of our target population. Recognizing that health literacy is more complicated than an assessment of literacy level, various approaches to improve patient comprehension of operating hours, how to access services, including transportation and other identified potential barriers, as well as how and when to communicate with members of their care team, will be developed and disseminated.	Completed	6. The CCHLC will work with all participating providers to improve health literacy of our target population. Recognizing that health literacy is more complicated than an assessment of literacy level, various approaches to improve patient comprehension of operating hours, how to access services, including transportation and other identified potential barriers, as well as how and when to communicate with members of their care team, will be developed and disseminated.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. The CCHLC, along with the clinical and administrative leadership of the Project Management Office, will develop multiple strategies to effectively communicate with all providers in the PPS. Organizations participating in the PPS will be required, via contract, to be actively engaged in assessing and improving the cultural competency of their staff. Annual training will be provided by the AMCH PPS regarding knowledge, skills and abilities required to address and improve cultural competence.	Completed	7. The CCHLC, along with the clinical and administrative leadership of the Project Management Office, will develop multiple strategies to effectively communicate with all providers in the PPS. Organizations participating in the PPS will be required, via contract, to be actively engaged in assessing and improving the cultural competency of their staff. Annual training will be provided by the AMCH PPS regarding knowledge, skills and abilities required to address and improve cultural competence.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. The PPS's Project Management Office, in collaboration with the CCHLC, will develop metrics to evaluate and monitor the impact of the PPS's cultural competency / health literacy initiatives. Based on the initial survey completed in DY1, Q2, which will establish baseline measures, additional qualitative and quantitative measures will be collected across the entire PPS to evaluate progress.	Completed	8. The PPS's Project Management Office, in collaboration with the CCHLC, will develop metrics to evaluate and monitor the impact of the PPS's cultural competency / health literacy initiatives. Based on the initial survey completed in DY1, Q2, which will establish baseline measures, additional qualitative and quantitative measures will be collected across the entire PPS to evaluate progress.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities	Completed	This milestone must be completed by 6/30/2016. Cultural competency training strategy, signed off by PPS Board. The strategy should include:	05/01/2015	06/30/2016	05/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
(beyond the availability of language-appropriate material).		-- Training plans for clinicians, focused on available evidence-based research addressing health disparities for particular groups identified in your cultural competency strategy -- Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches							
Task 1. In collaboration with our PPS's Workforce Coordinating Council, AMC's Center for Learning and Development and based on surveys, the health disparity hot spot list, and other assessments, the CCHLC will approve the use of developed evidence-based cultural competency and health literacy trainings using multiple teaching methods, including web-based approaches, group learning sessions, role play, etc. to engage providers based on the highest identified priority needs. Curricula will be customized for different types of target audiences (e.g. pediatricians vs. CBOs serving adults) and will be refreshed to meet annual updates and training needs of new staff.	Completed	1. In collaboration with our PPS's Workforce Coordinating Council, AMC's Center for Learning and Development and based on surveys, the health disparity hot spot list, and other assessments, the CCHLC will approve the use of developed evidence-based cultural competency and health literacy trainings using multiple teaching methods, including web-based approaches, group learning sessions, role play, etc. to engage providers based on the highest identified priority needs. Curricula will be customized for different types of target audiences (e.g. pediatricians vs. CBOs serving adults) and will be refreshed to meet annual updates and training needs of new staff.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 2. The Medical College, AMCH PMO and the CCHLC will finalize a system for web based and in-person trainings to be easily available to participating providers. This system will allow for tracking progress towards completion as well as evaluation of CCHL skill development.	On Hold	2. The Medical College, AMCH PMO and the CCHLC will finalize a system for web based and in-person trainings to be easily available to participating providers. This system will allow for tracking progress towards completion as well as evaluation of CCHL skill development.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 3. The CCHLC will work with organizational partners in our PPS to identify and engage key leaders in each organization who can be enlisted as champions to encourage active participation from all providers in cultural competency awareness and take proactive steps to address challenges posed by those who resist change or refuse to be engaged. As an added incentive to encourage licensed providers to participate in training, AMCH PPS will provide continuing	Completed	3. The CCHLC will work with organizational partners in our PPS to identify and engage key leaders in each organization who can be enlisted as champions to encourage active participation from all providers in cultural competency awareness and take proactive steps to address challenges posed by those who resist change or refuse to be engaged. As an added incentive to encourage licensed providers to participate in training, AMCH PPS will provide continuing	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
refuse to be engaged. As an added incentive to encourage licensed providers to participate in training, AMCH PPS will provide continuing education credits, where appropriate.		education credits, where appropriate.							
Task 4. The CCHLC will approve the use of customized curricula to meet the varying needs for staff training and development around cultural competency issues. Building on existing curricula and expert trainers employed by AMC who offer this training throughout the region, AMCH PPS will develop an evidence based approach for training interventions that are effective in improving cultural competency. In-person and web-based training will include criteria to evaluate the success of the training, both in terms of the participants evaluation of the session, and a pre- and post-test evaluation to assess knowledge learned. AMCH PMO will monitor the completion of trainings by all engaged providers, and will provide documentation on completion rates of annual assessments for reporting purposes.	On Hold	4. The CCHLC will approve the use of customized curricula to meet the varying needs for staff training and development around cultural competency issues. Building on existing curricula and expert trainers employed by AMC who offer this training throughout the region, AMCH PPS will develop an evidence based approach for training interventions that are effective in improving cultural competency. In-person and web-based training will include criteria to evaluate the success of the training, both in terms of the participants evaluation of the session, and a pre- and post-test evaluation to assess knowledge learned. AMCH PMO will monitor the completion of trainings by all engaged providers, and will provide documentation on completion rates of annual assessments for reporting purposes.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 5. Based on the evaluations generated from step 4, as well as information collected in the CNA, the CCHLC will approve of on going training that can be focused on targeted providers who require further skill development to obtain the necessary competencies to provide care that is culturally and linguistically appropriate. Most of this training will be delivered on site in small groups, based on the identified needs from the pre- and post-test evaluations as well as specific requests from providers who want to improve their skills in this area.	Completed	5. Based on the evaluations generated from step 4, as well as information collected in the CNA, the CCHLC will approve of on going training that can be focused on targeted providers who require further skill development to obtain the necessary competencies to provide care that is culturally and linguistically appropriate. Most of this training will be delivered on site in small groups, based on the identified needs from the pre- and post-test evaluations as well as specific requests from providers who want to improve their skills in this area.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize cultural competency / health literacy strategy.	ayersl3	Templates	1_DY2Q2_CCHL_MDL41_PRES1_TEMPL_Trainin g_Schedule_Template_CCHLC_20161004_6191.xl sx	Training Schedule Template DY2Q2	10/19/2016 12:47 PM
	ayersl3	Templates	1_DY2Q2_CCHL_MDL41_PRES1_TEMPL_Meetin g_Schedule_Template_CCHLC_20161004_6190.xl sx	CCHL Meeting Schedule Template DY2Q2	10/19/2016 12:46 PM
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	ayersl3	Templates	1_DY2Q2_CCHL_MDL41_PRES2_TEMPL_Trainin g_Schedule_Template_CCHLC_7.1.2016- 9.30.2016_6192.xlsx	Training Schedule Template DY2Q2	10/19/2016 12:48 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize cultural competency / health literacy strategy.	There have been updates to this milestone. Please see uploaded documentation.
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	There have been updates to this milestone. Please see uploaded documentation.

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 4.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 4.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing your cultural competency / health literacy strategy and addressing the specific health disparities you are targeting (based on your CNA), and achieving the milestones described above - including potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

There are both challenges and risks involved in the implementation strategy presented in this section. Staff simply do not have the time to participate in face to face training, even though it is necessary to keep them current and improve the competencies they need to provide high quality and culturally and linguistically appropriate care. A second challenge relates to perception. Many providers mistakenly believe that their patients comprehend complex health information, when research proves this is not true. This leads to poor medication adherence, poor rates of retention in care, increased utilization of services that could be avoided and generally poor health outcomes. A third challenge relates to a failure of some service providers to provide culturally and linguistically appropriate care. In general, this occurs for three related reasons: there are very small percentages of patients at most of the suburban and rural sites who are not English speaking which creates disincentives from a business perspective to invest in appropriate services; there is a lack of licensed providers who are bi-lingual; and there are ingrained prejudices and biases based on incorrect assumptions and stereotypes. This negatively impacts many patients and leads to health disparities based on race, ethnicity, sexual orientation and disability. The final and perhaps biggest challenge relates to difficulties in obtaining buy-in. Without a firm commitment from all participating organizations to agree to the need for change, our implementation strategy may not succeed.

To address the lack of time for face to face training, AMCH PMO will make training available via our web portal. This will give us the ability to track who completes the online modules as well as their pre- and post-test scores, which will assist us with evaluation. On site training will still be readily available, but this alternative addresses the lack of time many providers have. Changing perceptions will not be easy. This will be addressed through the training as well as through communication channels to all participating providers. In terms of a failure to provide culturally and linguistically appropriate services, the primary approach to mitigating this risk will be the cultural competency and health literacy training described above. Finally, in terms of organizational and provider "buy-in" AMCH PMO will utilize three approaches. First, we will include requirements in each performance contract that cultural competency and health literacy required training of all staff must occur and be documented no later than year-end. Second, we will identify "champions" in each participating organization who will play an important role in mitigating this risk by helping providers adopt the guidelines promulgated by the CCHLC. Third, over and above the contractual requirements, we will provide incentives to organizations who complete the training early.

✔ IPQR Module 4.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

AMC's cultural competency and health literacy strategy is interdependent with all work streams. Most obvious is its relationship to workforce issues, including staff training, development, recruitment and retention. AMCH PMO will clarify this in the workforce section of this plan. It is also directly linked to contractual issues, funds flow, incentivized payments, clinical and quality affairs, provider and community relations and engagement, consumer affairs and IT systems, including data collection, reporting and analysis. AMC's Project Management Office will oversee



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

the activities and provide direction and support to the CCHLC. The Executive Committee of the PAC will provide additional coordination to help ensure member buy-in and commitments necessary to meet domain one milestones. However, there is an additional interdependency that is important to the collaborative regional approach we are pursuing. AMCH PPS will be collaborating with the Alliance for Better Health Care (AFBHC) PPS and the Adirondack Health Institute (AHI) PPS on many of these strategic issues. AMCH PMO is pursuing a strategy of collaboration with these PPSs to make the most efficient use of our limited resources, provide coordinated training and skills development and make it easier for our shared organizational partners to complete requirements once as opposed to three times. This requires careful planning between the three PPSs, which is something that we are currently actively engaged in. It does not mean that identical strategies to address cultural competency and health literacy issues will be created; however, it does mean that training and skills development will be coordinated to avoid duplication.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 4.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Board	PPS Board	Approve health literacy/ cultural competency strategy.
AMCH Cultural Competency and Health Literacy Committee	Ingrid Allard, MD, Assistant Dean for Community Affairs	Manage the direction and output of CCHLC; oversee implementation of the AMCH PPS Cultural Competency / Health Literacy Strategy.
AMCH Faculty Physicians Group	David Guyett, Director of Training	Lead the development of the PPS's cultural competency training & education program.
AMCH PPS Project Management Office	Christine McIntyre	Lead the development and implementation of the PPS's health literacy campaign.
AMCH's Executive Board Sponsor	Ferdinand Venditti, MD, Executive Vice President	Liaison between the Executive body and the CCHLC.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 4.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Participating PPS providers	Recipients of educational programs	Commit to and undertake cultural competency transformation.
Contracted CBOs including faith-based organizations	Provide assistance in the development and execution of the work stream	Subject matter expert & patient liaison.
External Stakeholders		
Patients & Families	Recipient of improved services; contributor to design of cultural competency / health literacy initiatives through consultation	Feedback on consultations.
Adirondack Health Institute and The Alliance for Better Healthcare PPSs	As neighboring PPSs, collaborate regarding identification of training needs as well as the dissemination of materials	Coordination of training deliverables.



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 4.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support the development and implementation of your cultural competency / health literacy strategy and the achievement of the milestones described above.

For the DY1 implementation, we will not have shared IT infrastructure in place across the PPS. However, we will have a web portal that all providers can connect to for web-based learning and pre- and post-test evaluation purposes. For all on site training, data will be collected manually in terms of attendees, course evaluations etc. Initial surveys of community needs will be sent and submitted electronically using current technology and software. By DY2, these processes will be replaced with interoperable IT systems across our network. This will be necessary for our workforce strategy and will require participating providers to use project management software currently being evaluated. Analyzing Salient data and completing risk stratification will allow us to share demographic information about patients across our provider network. AMCH's PMO will then use this information to track the service usage of our priority patient groups (including avoidable admissions, emergency department visits, primary care access, etc.). As care management protocols are developed and rolled out, we will have additional information available in terms of patients' cultural, religious and personal preferences. Sharing this information between providers will allow them to deliver culturally and linguistically appropriate services, and to understand the wider trends in the members utilizing their services. It will also allow our finance committee and PAC executive committee to shift resources, via incentives and other strategies, to participating providers who need to improve skill sets to address DSRIP goals. Finally, patient surveys and focus groups will provide important information needed for us to assess satisfaction and needs identified in terms of our CCHLC strategies. This information will be entered into databases and will be shared with all participating providers, the DOH and the public.

✔ IPQR Module 4.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

As noted above, DY1 will be a year of transition in terms of progress reporting. We will not have interoperable systems in place for every participating provider by year-end. We will, however, have project management software available as well as software to mine claims data to generate all domain one milestones required for reporting purposes. As we build our IT capabilities and capacity in DY1, we will be increasingly able to assess changes in health disparities between different sub-populations. We will continue to be engaged with AFBHC and AHI in terms of joint efforts to update community needs. We will also continue to collaborate and coordinate with the local SHIP-funded group, Healthy Capital District Initiative, to complete updates to identified community needs and the community plan. Improvements in the health literacy of our attributed population will support our achievement of targets for reductions in avoidable emergency visits/ admissions. Specifically, the metrics we will use to monitor the success of our strategies to improve the health literacy of our target populations will be:

- Avoidable ED and inpatient utilization associated with cultural & socio-demographic groups. This should facilitate our ability to evaluate the



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

impact of our CCHLC strategy on the way these groups are accessing and using healthcare services.

- Uptake of practitioner cultural competency training, as captured by post-test evaluation of completed trainings and provider surveys to assess adequacy and utility of training.
- Patient involvement in community engagement initiatives, including focus groups, community forums and consumer affairs.

Success will also be measured by the completion and documentation of the following items: CCHLC meeting minutes and agendas, a finalized health disparity hot spot list, finalized and approved survey for participating providers to assess current skills and knowledge around cultural competency and health literacy, finalized educational materials, trainings and tools for both patients and providers, and the finalized assessment with pre and post test to be completed by all engaged participating providers, as necessary and appropriate. AMCH PMO and the CCHLC will monitor completion rates for annual assessments among providers, and will identify those who need continued skill development trainings. Documentation of trainings completed will be available and will be published to the PMO website and shared as a dashboard indicator. Over time, we will be able to track competency skills among participating providers to determine if education provided has achieved the goal of this committee by improved annual scores on their assessments.

IPQR Module 4.9 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section 05 – IT Systems and Processes

✅ IPQR Module 5.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	Completed	Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task 1. AMCH Executive Steering Committee (PPS Board) will establish an IT governance body; per the operating guidelines the Technology and Data Management committee (TDMC) will be formed and populated.	Completed	1. AMCH Executive Steering Committee (PPS Board) will establish an IT governance body; per the operating guidelines the Technology and Data Management committee (TDMC) will be formed and populated.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. AMCH PMO will engage HIXNY and other relevant QEs in assessing information technology capabilities of network providers in data exchange.	Completed	2. AMCH PMO will engage HIXNY and other relevant QEs in assessing information technology capabilities of network providers in data exchange.	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. AMCH PMO with the input from the TDMC, will develop a survey to assess the current state of the IT landscape within the PPS. This will include EHR utilization, connectivity, hardware and software infrastructure, security safeguards, staffing expertise, and analytic abilities.	Completed	3. AMCH PMO with the input from the TDMC, will develop a survey to assess the current state of the IT landscape within the PPS. This will include EHR utilization, connectivity, hardware and software infrastructure, security safeguards, staffing expertise, and analytic abilities.	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. AMCH PMO and the TDMC, will review and analyze results of the survey and the	Completed	4. AMCH PMO and the TDMC, will review and analyze results of the survey and the QEs to identify gaps including readiness for data sharing and	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
assessment undertaken with the QEs to identify gaps including readiness for data sharing and the implementation of interoperable IT platform(s). These results will constitute the current state assessment and be communicated to the PPS Executive Committee of the PAC, to the PPS Board, and to the PPS providers, and highlight implications of the results.		the implementation of interoperable IT platform(s). These results will constitute the current state assessment and be communicated to the PPS Executive Committee of the PAC, to the PPS Board, and to the PPS providers, and highlight implications of the results.							
Milestone #2 Develop an IT Change Management Strategy.	Completed	IT change management strategy, signed off by PPS Board. The strategy should include: -- Your approach to governance of the change process; -- A communication plan to manage communication and involvement of all stakeholders, including users; -- An education and training plan; -- An impact / risk assessment for the entire IT change process; and -- Defined workflows for authorizing and implementing IT changes	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. The AMCH PMO will define the roles and responsibilities of the TDMC to include development of an IT change management strategy. Once complete the strategy will be approved by the Executive Committee of the PAC and the PPS Board.	Completed	1. The AMCH PMO will define the roles and responsibilities of the TDMC to include development of an IT change management strategy. Once complete the strategy will be approved by the Executive Committee of the PAC and the PPS Board.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. AMCH's TDMC will engage key stakeholders including end users through surveys and other means to identify training needs across the PPS.	Completed	2. AMCH's TDMC will engage key stakeholders including end users through surveys and other means to identify training needs across the PPS.	05/01/2015	12/31/2015	05/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Based on the identified training needs, the TDMC will collaborate with the WCC and workforce-training vendor to develop a plan to conduct required training as IT changes occur.	Completed	3. Based on the identified training needs, the TDMC will collaborate with the WCC and workforce-training vendor to develop a plan to conduct required training as IT changes occur.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. AMCH PMO will facilitate change management through effective communication strategies such as conference calls, meetings, targeted training, and one-on-one communication with key stakeholders.	Completed	4. AMCH PMO will facilitate change management through effective communication strategies such as conference calls, meetings, targeted training, and one-on-one communication with key stakeholders.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
targeted training, and one-on-one communication with key stakeholders.									
Task 5. Using the available surveys, gap analysis, and other information, the TDMC will develop a thorough impact/risk assessment for the IT change process needed to implement an effective IT change management strategy.	Completed	5. Using the available surveys, gap analysis, and other information, the TDMC will develop a thorough impact/risk assessment for the IT change process needed to implement an effective IT change management strategy.	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 6. The AMCH PMO and the TDMC will work with key stakeholders to define the needed workflows and processes for authorizing and implementing IT changes across the PPS.	Completed	6. The AMCH PMO and the TDMC will work with key stakeholders to define the needed workflows and processes for authorizing and implementing IT changes across the PPS.	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7. TDMC will develop a monthly monitoring protocol to ensure the success of the IT change management process.	Completed	7. TDMC will develop a monthly monitoring protocol to ensure the success of the IT change management process.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 8. TDMC will present the change management strategy to the Executive Committee of the PAC and PPS Board for approval prior to dissemination and implementation.	Completed	8. TDMC will present the change management strategy to the Executive Committee of the PAC and PPS Board for approval prior to dissemination and implementation.	03/01/2016	03/31/2016	03/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 9. The TDMC and PMO will make the approved IT Change Management Strategy available to the PPS stakeholders including users.	Completed	9. The TDMC and PMO will make the approved IT Change Management Strategy available to the PPS stakeholders including users.	03/30/2016	03/31/2016	03/30/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Completed	Roadmap document, including current state assessment and workplan to achieve effective clinical data sharing and interoperable systems where required. The roadmap should include: -- A governance framework with overarching rules of the road for interoperability and clinical data sharing; -- A training plan to support the successful implementation of new platforms and processes; and -- Technical standards and implementation guidance for sharing and using a common clinical data set -- Detailed plans for establishing data exchange agreements between all providers within the PPS, including care	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		management records (completed subcontractor DEAs with all Medicaid providers within the PPS; contracts with all relevant CBOs including a BAA documenting the level of PHI to be shared and the purpose of this sharing).							
Task 1. The TDMC will define the IT current state including network capability for clinical data sharing and system interoperability in alignment with each of the eleven projects.	Completed	1. The TDMC will define the IT current state including network capability for clinical data sharing and system interoperability in alignment with each of the eleven projects.	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Concurrently with step 3 of the previous milestone, the TDMC will collaborate with the WCC and workforce-training vendor to develop a plan to conduct required training to support new IT platforms and processes	Completed	2. Concurrently with step 3 of the previous milestone, the TDMC will collaborate with the WCC and workforce-training vendor to develop a plan to conduct required training to support new IT platforms and processes.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. The TDMC will work with the Clinical and Quality Affairs committee to define and establish technical standards and implementation guidelines for the use of a common clinical data set based on Domain 1-3 requirements for each of the eleven projects.	Completed	3. The TDMC will work with the Clinical and Quality Affairs committee to define and establish technical standards and implementation guidelines for the use of a common clinical data set based on Domain 1-3 requirements for each of the eleven projects.	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. The AMCH PPS PMO will develop contractual language regarding the obligation to seek patient consent to data exchange, as legally required, and agreement by providers to use technical, IT, and clinical data set standards to achieve care coordination and meet project implementation goals. This language will include DEAA compliance, security protections for PHI, and appropriate PHI access for entities such as CBOs. This language will be included in contracts with all providers including CBOs.	Completed	4. The AMCH PPS PMO will develop contractual language regarding the obligation to seek patient consent to data exchange, as legally required, and agreement by providers to use technical, IT, and clinical data set standards to achieve care coordination and meet project implementation goals. This language will include DEAA compliance, security protections for PHI, and appropriate PHI access for entities such as CBOs. This language will be included in contracts with all providers including CBOs.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. The TDMC and PMO will evaluate participating provider business continuity plans, data privacy controls, and transition plans for	Completed	5. The TDMC and PMO will evaluate participating provider business continuity plans, data privacy controls, and transition plans for data integration and connectivity to ensure standards are met and maintained across the PPS.	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
data integration and connectivity to ensure standards are met and maintained across the PPS.									
Task 6. The TDMC will present the final roadmap to the Executive Committee of the PAC for review and approval.	Completed	6. The TDMC will present the final roadmap to the Executive Committee of the PAC for review and approval.	03/01/2016	03/31/2016	03/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Completed	PPS plan for engaging attributed members in Qualifying Entities, signed off by PPS Board. The plan should include your approach to outreach into culturally and linguistically isolated communities.	11/01/2015	06/30/2016	11/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. AMCH PMO in collaboration with HIXNY will identify the baseline number and percentage of attributed patients who have provided consent for HIXNY data sharing, as well as participating providers in the PPS network connected to HIXNY.	Completed	1. AMCH PMO in collaboration with HIXNY will identify the baseline number and percentage of attributed patients who have provided consent for HIXNY data sharing, as well as participating providers in the PPS network connected to HIXNY.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. AMCH PMO will create a PDSA plan for attributed patient engagement that will utilize community navigators and actively engaged CBOs for outreach and educational purposes. This plan will outline strategies for engaging, educating, and facilitating the completion of HIXNY consent forms by the attributed population.	Completed	2. AMCH PMO will create a PDSA plan for attributed patient engagement that will utilize community navigators and actively engaged CBOs for outreach and educational purposes. This plan will outline strategies for engaging, educating, and facilitating the completion of HIXNY consent forms by the attributed population.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 3. AMCH PMO in collaboration with the CCHLC will utilize the Community Needs Assessment and other relevant data sources to identify and target patient communities that are culturally and linguistically isolated. A pilot CBO location will be selected to implement the PDSA action plan based on the above findings.	Completed	3. AMCH PMO in collaboration with the CCHLC will utilize the Community Needs Assessment and other relevant data sources to identify and target patient communities that are culturally and linguistically isolated. A pilot CBO location will be selected to implement the PDSA action plan based on the above findings.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Based on the success of the above mentioned PDSA plan, the AMCH PMO will finalize a PPS-wide plan, including participating providers as well as CBOs, to engage all	Completed	4. Based on the success of the above mentioned PDSA plan, the AMCH PMO will finalize a PPS-wide plan, including participating providers as well as CBOs, to engage all	04/20/2016	06/30/2016	04/20/2016	06/30/2016	06/30/2016	DY2 Q1	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
wide plan, including participating providers as well as CBOs, to engage all attributed members who have not yet completed a HIXNY consent form identified in previous steps.		attributed members who have not yet completed a HIXNY consent form identified in previous steps.							
Task 5.This plan will be presented to the Executive Committee of the PAC and the PPS Board for review and approval.	Completed	5.This plan will be presented to the Executive Committee of the PAC and the PPS Board for review and approval.	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #5 Develop a data security and confidentiality plan.	Completed	Data security and confidentiality plan, signed off by PPS Board, including: -- Analysis of information security risks and design of controls to mitigate risks -- Plans for ongoing security testing and controls to be rolled out throughout network.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. The AMCH PMO will collect current data security protocols as well as confidentiality plans of key stakeholder organizations.	Completed	1. The AMCH PMO will collect current data security protocols as well as confidentiality plans of key stakeholder organizations.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. The AMCH PMO will enlist the expertise of TDMC participants for best practice sharing in order to align data security plan priorities as necessary.	Completed	2. The AMCH PMO will enlist the expertise of TDMC participants for best practice sharing in order to align data security plan priorities as necessary.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. AMCH PMO in collaboration with the TDMC, will assess PPS-wide security risks and controls including: information owner, information collection systems, user roles, identity assurance levels for each user and transactions they can perform, documentation of potential consequences for failures, identify assurance impact levels, and sign off.	Completed	3. AMCH PMO in collaboration with the TDMC, will assess PPS-wide security risks and controls including: information owner, information collection systems, user roles, identity assurance levels for each user and transactions they can perform, documentation of potential consequences for failures, identify assurance impact levels, and sign off.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. The TDMC will establish and create a centralized data security plan and confidentiality plan to comply with the DEAA and addendum and other state and federal policies, regulations and requirements as they pertain to data	Completed	4. The TDMC will establish and create a centralized data security plan and confidentiality plan to comply with the DEAA and addendum and other state and federal policies, regulations and requirements as they pertain to data	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
security, and confidentiality of protected patient information. This will include security testing protocols, controls and standards to mitigate risks for ongoing data security throughout the PPS IT infrastructure. Compliance with policies and procedures will be monitored on an ongoing basis.		mitigate risks for ongoing data security throughout the PPS IT infrastructure. Compliance with policies and procedures will be monitored on an ongoing basis.							
Task 5. AMCH PMO will seek approval of the security policies, assessment and data security and confidentiality plan by the Executive Committee of the PAC; approval of the security and confidentiality plan by the PPS Board.	Completed	5. AMCH PMO will seek approval of the security policies, assessment and data security and confidentiality plan by the Executive Committee of the PAC; approval of the security and confidentiality plan by the PPS Board.	03/01/2016	03/31/2016	03/01/2016	03/31/2016	03/31/2016	DY1 Q4	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	mcintyc	Templates	1_DY2Q2_IT_MDL51_PRES1_TEMPL_AMCH_PP S_IT_Meeting_Schedule_Template_6315.xlsx	AMCH PPS IT Meeting Schedule Template	10/21/2016 08:12 AM
Develop an IT Change Management Strategy.	mcintyc	Templates	1_DY2Q2_IT_MDL51_PRES2_TEMPL_Training_Schedule_Template-Technology_and_Data_Managment_DY2Q2_6325.xlsx	AMCH PPS Training Schedule Template	10/21/2016 10:05 AM
	mcintyc	Templates	1_DY2Q2_IT_MDL51_PRES2_TEMPL_AMCH_PP S_IT_Meeting_Schedule_Template_6316.xlsx	AMCH PPS IT Meeting Schedule Template	10/21/2016 08:13 AM
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	mcintyc	Templates	1_DY2Q2_IT_MDL51_PRES3_TEMPL_Training_Schedule_Template-Technology_and_Data_Managment_DY2Q2_632	AMCH PPS Training Schedule Template	10/21/2016 10:06 AM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			7.xlsx		
	mcintyc	Templates	1_DY2Q2_IT_MDL51_PRES3_TEMPL_AMCH_PP S_IT_Meeting_Schedule_Template_6318.xlsx	AMCH PPS Meeting Schedule Template	10/21/2016 08:14 AM
Develop a data security and confidentiality plan.	mcintyc	Templates	1_DY2Q2_IT_MDL51_PRES5_TEMPL_Training_S chedule_Template- _Technology_and_Data_Managment_DY2Q2_632 8.xlsx	AMCH PPS Training Schedule Template	10/21/2016 10:09 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	
Develop an IT Change Management Strategy.	
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	
Develop a specific plan for engaging attributed members in Qualifying Entities	
Develop a data security and confidentiality plan.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Complete	
Milestone #4	Pass & Complete	
Milestone #5	Pass & Complete	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 5.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 5.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in creating and implementing your IT governance structure, your plans for data sharing across your network, your approach to data security and confidentiality, and the achievement of the milestones described above, including the potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

There are several risks to implementation within the IT system and process domain. The sheer number of different vendors, systems, EHRs, protocols, and policies already in place that will need to evolve into one interoperable system will be a challenge. Overlapping PPSs and the complex current state of IT infrastructure will add to the difficulties of creating a centralized IT platform utilized by partnering providers. Extraordinary efforts will need to be made to mitigate these risks and integrate the disparate systems to achieve the goals of DSRIP. Mitigation strategies include leadership buy-in, adequate resourcing, and innovative technological solutions. AMCH PPS has ensured that leadership is engaged at the highest levels of the AMCH structure which will provide authoritative insight into the changes, systems and policies that are involved. IT collaboration with AHI and AFBHC through the ongoing efforts of the KPMG led TOM pilot project may mitigate this risk. Capital funds have also been requested to develop comprehensive technological solutions that will address these risks. The failure to fund these capital projects will place these mitigation strategies in jeopardy.

The AMCH PPS is concerned about the integrity of the data that will be provided from the MAPP System and Salient Interactive Miner. A risk exists regarding the sufficiency of the data that will be provided. AMCH will engage participating providers to assist them in making sure that data in all systems they are responsible for is as accurate and complete as possible.

Another risk that exists is the ability of the State to provide sufficient data in a timely manner. Data is the driver that allows organizations to identify the needed interventions. The State's addition of higher levels of security further restricts the PPS ability to use the data effectively to meet the goals of DSRIP. Without this data, PPS organizations will be restricted in their ability to risk stratify patient level data which can negatively impact projects that will depend on this data for implementation. To mitigate this risk, AMCH PPS will continue to pursue alternative IT solutions outside of the realm of NYS DOH provided data, which will facilitate risk stratification and other data analytics as needed for project implementation.

The current structure and capability of HIXNY to provide data in a useful manner across the spectrum of providers is unclear. The unknown ability of the SHIN-NY to provide a working solution complicates this risk. To mitigate this risk AMCH PPS will work with HIXNY to identify capacity limitations and other potential barriers to timely and meaningful sharing of patient level data to actively engaged patients and participating providers.

Data security is always a risk. Our PPS will engage IT experts from across the PPS both internally and externally to develop PPS security safeguards and policies to mitigate the risk to make sure that available data is shared in an appropriate way with the minimum necessary data being moved through the system.

Each project relies on a successful IT strategy. Failure to provide a comprehensive IT structure capable of supporting PCMH development, care plan sharing, and population health management will impact the ability to achieve the outcome measure targets. Leadership buy-in, adequate staffing, equipment, application architecture, and capital funding all provide mitigation strategies.

✔ IPQR Module 5.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

The IT work stream is dependent on numerous other work streams including; clinical integration, financial sustainability, practitioner engagement, cultural competency and health literacy, workforce, governance, and population health. Clinical integration is the catalyst between the IT work stream and the project implementation activity required at a provider level. This would also include the ways in which practitioners are engaged in providing IT needs and identifying gaps across the PPS. Clinical integration is dependent upon IT for evaluation, connectivity, data exchange, reporting, care coordination, and quality improvement. Another interdependency between IT and clinical integration will be the need for clinicians to be engaged and provide sufficient feedback for IT to develop a system that will be widely adopted by clinicians across a broad spectrum of providers and provider types.

Financial sustainability has a mutual dependency on IT in that future funding relies upon IT solutions for milestone and metric reporting as well. IT is dependent on finance for the resources required to develop integrated system-wide solutions. IT also influences the roadmap to VBP ensuring sustainability for the endeavor. Finally implementation of the data security and confidentiality plan will mitigate risks to PHI exchanged throughout the PPS. IT security will be included in the IT Security Plan generated by the Financial Sustainability work stream.

IT solutions may be customized to meet member needs.

IT is dependent upon the workforce strategy work stream. As new technologies are developed and implemented, the WCC will work closely with our workforce vendor to ensure appropriate and timely training for all provider types utilizing these systems.

IT is dependent upon the Governance work stream. IT depends upon governance for review, approval, and authority to implement its strategic plan.

Population health is dependent upon IT for data gathering, reporting, and analysis at a dashboard level across the PPS. This information will routinely inform the PPS as it transforms the health of the communities it serves.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 5.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
AMCH PPS PMO IT Contact	Christine McIntyre	Liaison between IT Representatives of member organizations.
AMCH PPS Security Officer	Jeffrey Wilson	AMCH gatekeeper and Director of Data Security.
Privacy Officer	Noel Hogan	AMCH Compliance Officer.
AMC EVP CIO & Technology and Data Management Committee Chair	George Hickman	IT Strategic Development.
AMC VP Information Services	Azmat Ahmad	Implementation of PPS IT Strategy.
Director of IS, Columbia Memorial Hospital	Bonnie Ratliff	Oversight of PPS IT Strategy.
AMCH PPS Medical Director	Kallanna Manjunath, MD	Clinical integration of IT strategy; HIXNY vice chair board member.
AMCH PPS Technology & Data Management Committee	Lead IT representation from Albany Medical Center Hospital, Columbia Memorial Hospital, Saratoga Hospital, Center for Disability Services & Center for Excellence in Aging & Community Wellness	Oversight of PPS IT Strategy and implementation.
PPS Board and PAC Executive Committee	PPS Board and PAC Executives	Review and approve IT change management strategy; PPS plan for engaging members in QEs; and data security and confidentiality plan.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 5.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
AMCH PPS	Identify and manage resources	Executable Strategy and IT infrastructure.
Participating PPS Providers	Provide insight regarding IT needs	Organizational buy-in; implement IT strategy and roadmap.
External Stakeholders		
Alliance for Better Health Care PPS	Collaborator	Collaborative efforts; IT TOM Pilot facilitated by KPMG.
Adirondack Health Institute PPS	Collaborator	Collaborative efforts; IT TOM Pilot facilitated by KPMG.
HIXNY	Collaborator & Vendor	Effective, secure health information exchange in support of DSRIP goals.
IT Vendors (TBD)	Vendor	Care management, interoperability, population health & data analytics to support VBP.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 5.7 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

AMCH PPS will use project management reporting and communication tools to monitor the progress towards project specific goals. This project reporting may include: tracking of the IT strategic plan including workforce alignment and training; IT change strategy, and IT budget, documentation of process and workflow demonstrating implementation of EHR across all partners; MU and PCMH level 3- tracking; documentation of patient engagement/ communication system; evidence of use of telemedicine or other remote monitoring services; evidence of implementation of specific workflows. This organizational work stream will be considered successful as it reaches the milestones established in the work plan. Further success will be measured as the IT infrastructure grows and rolls out to meet the needs of the PPS. Further milestones and measures of success will be defined as the project evolves.

IPQR Module 5.8 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section 06 – Performance Reporting

☑ IPQR Module 6.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Completed	Performance reporting and communications strategy, signed off by PPS Board. This should include: -- The identification of individuals responsible for clinical and financial outcomes of specific patient pathways; -- Your plans for the creation and use of clinical quality & performance dashboards -- Your approach to Rapid Cycle Evaluation	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. AMCH PMO will establish a clinical point of contact as well as a project management point of contact (PMO) responsible for communicating to participating providers regarding specific patient pathways.	Completed	1. AMCH PMO will establish a clinical point of contact as well as a project management point of contact (PMO) responsible for communicating to participating providers regarding specific patient pathways.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. AMCH PMO will perform a detailed gap analysis of State-provided data via the MAPP tool to determine additional data elements necessary for quarterly reporting.	Completed	2. AMCH PMO will perform a detailed gap analysis of State-provided data via the MAPP tool to determine additional data elements necessary for quarterly reporting.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. AMCH PMO will ensure data security and privacy through contracting, business associate agreements, and data use agreements from all participating providers. We will ensure partner awareness of HIPAA Privacy/ Security Rules and Regulations.	Completed	3. AMCH PMO will ensure data security and privacy through contracting, business associate agreements, and data use agreements from all participating providers. We will ensure partner awareness of HIPAA Privacy/ Security Rules and Regulations.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. AMCH PMO will define processes to provide	Completed	4. AMCH PMO will define processes to provide access to state provided Medicaid confidential data to PPS Providers	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
access to state provided Medicaid confidential data to PPS Providers and organizations, and will establish and implement policies and procedures as required by the DEAA Agreement and addendums.		and organizations, and will establish and implement policies and procedures as required by the DEAA Agreement and addendums.							
Task 5. Utilizing commercially available project management software and MAPP tool reporting, AMCH PMO will define and develop PPS-wide performance reporting systems for both clinical and project specific indicators based on standardized care practices and other required Domain 1 metrics.	Completed	5. Utilizing commercially available project management software and MAPP tool reporting, AMCH PMO will define and develop PPS-wide performance reporting systems for both clinical and project specific indicators based on standardized care practices and other required Domain 1 metrics.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 6. AMCH PMO will establish reporting structures for both claims-based and non-claims based metrics.	Completed	6. AMCH PMO will establish reporting structures for both claims-based and non-claims based metrics.	11/01/2015	03/31/2016	11/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7. AMCH PMO will integrate and utilize Salient Interactive Miner, State DSRIP Dashboards, MAPP, and internal PPS-wide performance reporting systems to create dashboards for distribution to the AMCH Executive Steering Committee (PPS Board) and other AMCH PPS governance committees, the PPS, its providers and the public.	Completed	7. AMCH PMO will integrate and utilize Salient Interactive Miner, State DSRIP Dashboards, MAPP, and internal PPS-wide performance reporting systems to create dashboards for distribution to the AMCH Executive Steering Committee (PPS Board) and other AMCH PPS governance committees, the PPS, its providers and the public.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Completed	Finalized performance reporting training program.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. AMCH PMO will conduct a complete analysis of PPS organizations to determine training needs on topics such as clinical quality, performance reporting, data for quality improvement, and others as needed. They will then work with partner groups, professional groups and identified leaders from each area of expertise to	Completed	1. AMCH PMO will conduct a complete analysis of PPS organizations to determine training needs on topics such as clinical quality, performance reporting, data for quality improvement, and others as needed. They will then work with partner groups, professional groups and identified leaders from each area of expertise to help establish appropriate metrics.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
help establish appropriate metrics.									
Task 2. AMCH PMO will develop training materials that address identified needs specifically related to standardized clinical quality measures across PPS.	Completed	2. AMCH PMO will develop training materials that address identified needs specifically related to standardized clinical quality measures across PPS.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 3. AMCH PMO will identify best practices and highlight success stories by presenting them at our quarterly face-to-face PAC meetings to encourage adoption by other providers.	Completed	3. AMCH PMO will identify best practices and highlight success stories by presenting them at our quarterly face-to-face PAC meetings to encourage adoption by other providers.	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 4. AMCH PMO will roll-out training based on identified metrics to key champion providers. These champions will be compensated for training other PPS Providers.	Completed	4. AMCH PMO will roll-out training based on identified metrics to key champion providers. These champions will be compensated for training other PPS Providers.	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 5. AMCH PMO will evaluate re-training needs and frequency of future trainings based on Workforce Coordinating Council recommendations.	Completed	5. AMCH PMO will evaluate re-training needs and frequency of future trainings based on Workforce Coordinating Council recommendations.	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	mcintyc	Templates	1_DY2Q2_PR_MDL61_PRES2_TEMPL_Training_Schedule_Template_Performance_Reporting_Milestone_2_6322.xlsx	AMCH PPS Training Schedule Template	10/21/2016 09:59 AM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish reporting structure for PPS-wide performance reporting and communication.	
Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 6.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 6.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing performance reporting structures and processes and effective performance management within your network, including potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

The AMCH PPS has a wide variety of E.H.R. systems as well as a range of HIXNY connectivity. This leads to a unique challenge of implementation to bring all participating organizations up to the same level of readiness to best prepare for performance reporting and training when necessary. Performance report training will need to concurrently run with standardization of clinical protocols. If providers are not fully engaged in the process, they can quickly fall behind and put multiple organizations at risk of not meeting performance goals. Our Clinical and Quality Affairs Committee and PAC Executive Committee will be the critical bodies for overseeing these activities and advancing engagement and on time performance throughout the span of DSRIP. AMCH PPS will also design and rely upon bonus payments based on quality performance and reporting to prompt provider participation, consistent with all regulatory requirements.

An additional risk is related to the lack of data for performance reporting purposes. To mitigate this risk we will provide patient level data to relevant providers. We may also utilize the MAPP tool and other resources to ensure data metrics are available on a quarterly basis. If data is still incomplete or inaccurate due to issues beyond our control, this risks success across the entire PPS network. To mitigate this, we will attempt to create alternative sources of accurate and timely data for performance reporting purposes.

✔ IPQR Module 6.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

Our success with Performance Reporting has a significant reliance on IT Systems and Processes, the Executive PAC, as well as our Clinical Performance Team. Clinical performance measures and guidelines will be an important factor in streamlining best practices while meeting important reporting milestones. Our IT infrastructure is also critical to success. While leveraging State provided data, we will also need to incorporate our own IT Systems and protocols across the entire PPS for reporting success. Performance reporting will rely on a streamlined reporting process across the PPS and the availability of data at the patient level. AMCH PPS Security and Privacy Officers will disseminate security and privacy policies and procedures and undertake training and awareness efforts to prompt compliance to protect the confidentiality of shared data. Compliance will also be reinforced by provisions in the partner agreement. PPS organizations will be efficiently trained in data reporting, data management, data privacy, as well as clinical guidelines and protocols. The Executive PAC will review and approve monthly dashboard reports and assess outliers in need of further training.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 6.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Board	Ferdinand Venditti, MD, Executive Vice President	Oversee performance reporting and performance in PPS projects; approve performance reporting and communications strategies.
AMCH PPS Project Management Office	George Clifford, PhD	Responsible for oversight and implementation of all 11 projects. This includes performance reporting structure, training, and implementation.
Clinical and Quality Affairs Committee	Kallanna Manjunath, MD	Develop or review and approve quality dashboards, and review RCE data and analysis.
Clinical Quality Team Lead	James Desemone, MD	Responsible for identifying or developing standardized clinical protocols and working with project committees and partners to implement protocols across the entire PPS.
Technology & Data Management Committee Chair	George Hickman- TDMC Chair	Provide support, expertise and management for TDMC. Facilitate and support IT implementation and steps to advance IT strategy, data reporting and data sharing to achieve DSRIP goals; facilitate and oversee updates to all IT systems and support overall IT infrastructure.
Financial Committee Lead	Finance Committee Chair - William Hasselbarth	Oversee development and implementation of processes and standards for financial performance reporting across the PPS as well as analysis of financial performance.
Medical Director AMCH PPS	Kallanna Manjunath, MD	Lead process to develop or forge consensus on and implement standardized clinical care practices to align with reporting requirements and measurement objectives.
Data Analytic Team	PMO	Dashboard, quarterly, milestone and progress reporting for PPS network.
AMCH Compliance Officer	Noel Hogan, PhED CPA	Promote compliance with federal and state privacy laws and oversee implementation of PPS privacy policies for PPS projects and data sharing; implement DEAA privacy requirements; oversee training in data management and data privacy.
AMCH PPS Security Officer	Jeffrey Wilson	Promote implementation of PPS security policies across the provider network in relation to data exchange through HIXNY and other IT platforms used or developed for medical information data exchange.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 6.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
IT Department	Reporting and IT System maintenance	Overall tech support, IT infrastructure maintenance/ troubleshooting, installation and upgrades as necessary.
AMCH PPS Project Management Office (PMO)	Provide leadership and direction for all performance reporting functions	Generate reports for internal and external purposes as required.
AMC Compliance Department	Development and implementation of the comprehensive compliance plan	Develop standardized contract language and monitor provider performance in relation to requirements of the code of conduct.
Finance Department	Overall reporting and monitoring responsibility for ensuring that funds are disbursed consistent with financial policies	Monthly financial reports, desk audit eligibility expense control, payroll distribution, documentation for audit and AP/AR.
PPS Board	Review and approve performance reporting	Approve performance reporting and communication strategies.
Participating PPS Providers	Ensure proper reporting at the provider level	Generate monthly reports and related PHI as required by project implementation, protocols, and metrics, governance oversight, and contract; communicate data as needed within their own organizations for improvement.
AMCH Executive Steering Committee	Set policy, approve performance reporting and communication strategy, provide liaison to AMC BOD, and oversee activities of the PMO	Approve performance reporting and communication strategies.
Executive (Project Advisory Committee) PAC	Policy-making group and decision-making body	Responsibility to accept or request revision of clinical standards of care, reporting structures, as well as recognize best practices within the PPS.
External Stakeholders		
NYSDOH	Ensure Medicaid claims data is reported accurately and in a timely manner consistent with regulatory reporting requirements	Quality data for the PPS to analyze at the patient level in real time.



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 6.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support your approach to performance reporting.

Initially we will need to utilize existing IT infrastructures within our PPS, including but not limited to, E.H.R. systems, Care Management software, and population health registries, as well as Salient Interactive Miner, DSRIP Dashboards, and the MAPP tool for performance reporting purposes. We will utilize state provided templates to facilitate early DSRIP reporting. Our IT team will work closely with our Clinical and Quality Affairs Committee to help streamline reporting needs and ultimately implement and utilize a robust reporting system across the entire PPS. We will also leverage IT support staff to ensure any technical glitches or vital data errors are addressed in real time to avoid delays in reporting. Ultimately we understand the importance of one comprehensive system in order to streamline reporting across the entire PPS Network. We will work within the MAPP CIO Steering Committee in order to move this process forward and to help create a single point of data across our network. We will establish and maintain an AMCH DSRIP Support IT Team to address any questions from partnering providers once this system is in place. We will also utilize commercially available software for project management activities including the creation of progress reports for internal and external purposes.

✓ IPQR Module 6.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

AMCH's PPS will collect performance data electronically from all participating providers on a quarterly basis to measure provider performance. AMCH will be assisted by project management software for this purpose. Evaluations will be administered prior to project implementation along with definitive project goals, and producing a gap-analysis which will be used to evaluate success of project performance. Additional documentation related to training programs will be provided to demonstrate up-take of training and completion rates. Success of this metric will be measured by the total number of participants that receive training or re-training. Timely reporting, as set forth in the plan, will be used as an achievement indicator in this organization work stream. We will also monitor access and usage of state-provided data by PPS providers and organizations as evidence that the providers are utilizing the data as a baseline for their gap-analysis upon approval of the PPSs data security plan by the NYSDOH. Specific gaps that are identified in the project plans will be monitored on an ongoing basis and reported on at least quarterly. To assist the community and to demonstrate transparency, documents and recorded sessions will be available on our public domain website for review. To the extent possible, we will also provide documented summaries of meetings between our PPS and the overlapping PPSs to demonstrate our efforts to collaborate and cooperate on various initiatives.

IPQR Module 6.9 - IA Monitoring



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section 07 – Practitioner Engagement

IPQR Module 7.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop Practitioners communication and engagement plan.	Completed	Practitioner communication and engagement plan. This should include: -- Your plans for creating PPS-wide professional groups / communities and their role in the PPS structure -- The development of standard performance reports to professional groups --The identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. Appoint AMCH PPS 'Practitioner Champions'	Completed	1. Appoint AMCH PPS 'Practitioner Champions' to represent: o Key professional groups (physicians, nurses, behavioral health specialists, community health workers etc.) o Geographic areas (Albany, Saratoga, Warren, Columbia, and Greene Counties) o This group will represent the interests and views of practitioners to the PAC Executive Committee and represent the Executive Committee's views to the various communities of practitioners. The Practitioner Champions will take an active role in the design and implementation of new clinical systems required for providing effective patient care and achieving positive health outcomes. The Champions of the practitioner groups will sit on the Clinical and Quality Affairs Committee and will be the leads for their respective professional peer groups.	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Clinical and Quality Affairs Committee will develop a draft communication and engagement	Completed	2. Clinical and Quality Affairs Committee will develop a draft communication and engagement plan, including:	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
plan.		<ul style="list-style-type: none"> o Structures and processes for two-way communication between front-line practitioners and the Governance of the PPS – using the Practitioner Champions as a key line for this communication. o Processes for managing grievances transparently, rapidly and effectively. o High-level approach to the use of learning collaborative. o Other forums for practitioners to discuss, collaborate, and shape how DSRIP will affect their practices. 							
Task 3. As part of the development of the plan, a consultation process will be established with Practitioner Champions regarding a communication/engagement strategy and their role in the DSRIP transformative process.	Completed	3. As part of the development of the plan, a consultation process will be established with Practitioner Champions regarding a communication/engagement strategy and their role in the DSRIP transformative process.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Build out practitioner support services designed to help practitioners and healthcare organizations evaluate their operations in anticipation of needed changes.	Completed	4. Build out practitioner support services designed to help practitioners and healthcare organizations evaluate their operations in anticipation of needed changes.	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Present finalized practitioner communication and engagement plan to the PAC Executive Committee and the PAC for approval.	Completed	5. Present finalized practitioner communication and engagement plan to the PAC Executive Committee and the PAC for approval.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop training / education plan targeting practitioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Completed	Practitioner training / education plan.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task 1. Working in collaboration with the clinical and administrative leadership at participating organizations, identify "Practitioner Champions" at each organization and professional group. These identified Champions will be "appointed" based on contractual execution with funded participating provider organizations.	Completed	1. Working in collaboration with the clinical and administrative leadership at participating organizations, identify "Practitioner Champions" at each organization and professional group. These identified Champions will be "appointed" based on contractual execution with funded participating provider organizations.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 2. Educate Practitioner Champions and organizational leadership on core goals of DSRIP, potential benefits of participation, AMCH PPS project objectives and quality improvement initiatives. Other potential elements of the training program include; achieving the IHI Triple AIM, improving patient care experience, improving population health, reducing per capita costs, and developing patient-centered care delivery models. Finally the education module will address DSRIP project delivery components including VBP, case management, and clinical integration.	Completed	2. Educate Practitioner Champions and organizational leadership on core goals of DSRIP, potential benefits of participation, AMCH PPS project objectives and quality improvement initiatives. Other potential elements of the training program include; achieving the IHI Triple AIM, improving patient care experience, improving population health, reducing per capita costs, and developing patient-centered care delivery models. Finally the education module will address DSRIP project delivery components including VBP, case management, and clinical integration.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Leverage Practitioner Champions in collaboration with the Workforce Coordinating Council to identify the educational needs of practitioners and staff and develop an appropriate training/education plan. This plan will include core goals, financial expectations and transformation, clinic operational assessment and efficiency, action steps for the 11 DSRIP projects, clinical accountability, and performance data reporting and evaluation.	Completed	3. Leverage Practitioner Champions in collaboration with the Workforce Coordinating Council to identify the educational needs of practitioners and staff and develop an appropriate training/education plan. This plan will include core goals, financial expectations and transformation, clinic operational assessment and efficiency, action steps for the 11 DSRIP projects, clinical accountability, and performance data reporting and evaluation.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Identify one organization to pilot the training module utilizing the PDSA approach to test the effectiveness of the training plan.	Completed	4. Identify one organization to pilot the training module utilizing the PDSA approach to test the effectiveness of the training plan.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. The PAC Executive Committee will approve a final training plan to engage practitioners across the PPS in understanding the key goals and deliverables of DSRIP over its 5 year duration.	Completed	5. The PAC Executive Committee will approve a final training plan to engage practitioners across the PPS in understanding the key goals and deliverables of DSRIP over its 5 year duration.	10/30/2015	12/31/2015	10/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Encourage practitioner organizations to share PPS objectives with their consumers and solicit feedback.	Completed	6. Encourage practitioner organizations to share PPS objectives with their consumers and solicit feedback.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 7. Make appropriate modifications to the plan and train additional practitioners and staff providing care at remaining participating practitioner organizations.	Completed	7. Make appropriate modifications to the plan and train additional practitioners and staff providing care at remaining participating practitioner organizations.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. Implement a PDSA approach to obtain necessary feedback from the participants and make appropriate changes to the training model.	Completed	8. Implement a PDSA approach to obtain necessary feedback from the participants and make appropriate changes to the training model.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 9. Submit quarterly report to CQAC with the information on the description of the training programs delivered, participant-level data, participant feedback and proposed changes to the plan and training outcomes.	Completed	9. Submit quarterly report to CQAC with the information on the description of the training programs delivered, participant-level data, participant feedback and proposed changes to the plan and training outcomes.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop Practitioners communication and engagement plan.	ayersl3	Templates	1_DY2Q2_PRCENG_MDL71_PRES1_TEMPL_Meeting_Schedule_Template_7.1.2016-9.30.2016_6746.xlsx	Meeting Schedule Template	10/26/2016 10:07 AM
Develop training / education plan targeting practitioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	ayersl3	Templates	1_DY2Q2_PRCENG_MDL71_PRES2_TEMPL_Training_Schedule_Template_-_Pract_Eng_7.1.2016-9.30-2016_6747.xlsx	Training Schedule Template	10/26/2016 10:10 AM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop Practitioners communication and engagement plan.	There have been updates to this milestone.
Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	There were updates to this milestone this quarter.

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 7.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✅ IPQR Module 7.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the current level of engagement of your physician community in the DSRIP program and describe the key challenges or risks that you foresee in implementing your plans for physician engagement and achieving the milestones described above. Describe any potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

The primary risk to the implementation of the practitioner engagement strategy is the practitioners' ability to take an active role in the design and development of the strategy. Factors that may hinder their participation include availability of protected time away from direct patient care, lack of needed institutional support for their engagement, unwillingness to change their practice pattern and previous experience with the local healthcare initiatives. To mitigate the risk, we will:

- Engage appropriate key stakeholders from senior clinical and administrative leadership to get their buy-in, commitment and identify interested Practitioner Champions from their organizations to participate in the implementation of the strategy.
- Structure training programs to meet the needs of the practitioners working in small and large practices.
- Work to align financial incentives available to the practices with their ability and willingness to assist the PPS with the implementation of this strategy.
- Provide free continuing education credit for course completion consistent with standards as an incentive to providers.
- Provide support, both technical and financial, to assist with the transition to value based purchasing.
- Serve as a link to facilitate coordination and collaboration between CBOs and providers at the practice and hospital level

The second risk is our partners' ability to develop ongoing trainings within their practices and organizations to orient and train new staff when they are recruited to support the initiatives. Our Workforce Transformation Strategy involves significant redeployment and recruitment of new staff who will need to be trained on their role in the redesigned model of care. The approach will ensure that the core behaviors and practices of our DSRIP program remain embedded within organizations. To mitigate this risk, we will:

- In collaboration with the Workforce Coordinating Council, utilize Practitioner Champions to identify staff who will be involved in a 'train the trainer' approach as part of the training and education program.
- Develop electronic and printed training materials that will continue to engage practitioners and staff in the DSRIP program.

The third risk is the potential for resistance to changes in clinical pathways and new ways of working. Managing this risk is the core role of the 'Practitioner Champions' including key specialists who are part of our PPS. Key elements of our approach to addressing this issue include:

- Evidence-based change – in all of our communications about the overarching DSRIP program, the specific projects and initiatives we are undertaking, we will articulate the evidence base case studies of similar successful initiatives. We believe this will be particularly powerful when the case studies are from New York State, so we intend to use the MRT Innovation exchange (MIX) platform to identify examples of best practice.
- University at Albany School of Public Health will evaluate practitioner engagement strategies to help identify what works best in adopting new ways of working and overcoming cultural resistance.

✅ IPQR Module 7.4 - Major Dependencies on Organizational Workstreams



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

This work stream is interdependent with nearly every other work stream; however, the biggest interdependency is with clinical integration.

- All affected practitioners must be engaged in the DSRIP process in order for them to value – and support – the clinical integration of our PPS. To ensure coordinated efforts in these two areas, some of the core elements of our approach to practitioner engagement and clinical integration, including the development of professional peer groups and teams, play a central role in the implementation of the practitioner engagement strategy.
- The role of the Practitioner Champions is central to our plans for practitioner engagement. It is important that they are able to play the role we intend them to play in the governance structure – advocating to the Executive Body on behalf of the practitioners they represent and communicating information back down to those practitioners effectively. To this end, our practitioner engagement is dependent on an effective governance structure and processes.
- Our plans for practitioner engagement depend on effective, rapid and easy-to-access communications tools. We intend to use the MIX platform to facilitate communication and best practice sharing between practitioners working in different provider organizations.
- The success of practitioner engagement depends on timely and accurate information and is therefore linked to our strategies in information and data management, which include reports on trainings completed, pre and post test evaluations and the formal adoption of best practice guidelines, etc.
- Practitioner engagement is also linked to appropriate incentives such as freeing up time for training and other purposes by compensating organizations for lost revenue and improved performance.
- In collaboration with neighboring PPSs and with the workforce training and development strategy, practitioner engagement is dependent upon successful training of the workforce.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 7.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Clinical and Quality Affairs Committee	Committee members	Develop clinical communication and practitioner engagement plan.
Medical Director AMCH PPS	Kallanna Manjunath, MD	Clinical and Quality plan development: Practitioner engagement, staff training, and care management protocols.
AMCH PPS Project Management Office (PMO)	George Clifford, PhD	Responsible for oversight and implementation of all 11 projects. Facilitate the implementation of the operational objectives of the practitioner engagement plan.
Practitioner Steering Committee	Practitioner champions representing participating organizations	Take an active role in practitioner engagement and staff buy-in at participating organizations.
RN Coordinator	Tara Foster, RN, MS	Facilitate implementation of the clinical objectives of the practitioner engagement plan and act as a liaison between clinical support staff and Clinical and Quality Affairs committee.
Psychologist	Brendon Smith, PhD.	Facilitate engagement of PPS Behavioral health practitioners and act as a liaison between BH practitioners and Clinical and Quality Affairs committee.
Behavioral Health Providers	Victoria Balkoski, MD	Facilitate Behavioral Health Provider engagement and integration on behalf of the AMC Faculty Practice and affiliated BH providers across the network.
Workforce Coordinating Council	Zoe Isdell	Work in collaboration with workforce vendor to develop and provide training.
PAC Executive Committee and PAC	PAC Executive Committee	Review and approve the clinical communication and engagement plan.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 7.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Ferdinand Venditti, MD, Executive Vice President	Executive Steering Committee Leadership	Project oversight and risk remediation.
James Desemone, MD	Director of Quality Improvement	Manage efforts of the quality subcommittee under the direction of the DSRIP Medical Director.
Victoria Balkoski, MD	Leadership within the Department of Psychiatry and across affiliated BH providers	Active engagement of key physician staff in the Department of Psychiatry and affiliated providers.
All AMCH PPS Practitioners	Participants	Engage in AMCH PPS projects, action plans and deliverables.
Community-Based AMCH PPS Behavioral Health Providers	Participants	Engage in AMCH PPS projects, action plans and deliverables.
Medical Directors or designees from PPS Member organizations	Site champions for practitioner engagement	Engage providers at their institutions in transformational efforts.
External Stakeholders		
HIXNY	RHIO	Promote and enhance interconnectivity across PPS practitioner organizations.
Professional Organizations (MSSNY, NYSNA, etc.)	Outreach	Promote DSRIP goals and objectives.
Labor Unions	Provide needed input and guidance	Assistance as needed to ensure PPS includes appropriate levels of input from workforce.
Healthy Capital District Initiative (HCDI)	Coordinate training needs with PHIP and SHIP	Coordinated curriculum and training schedule.
Adirondack Health Institute and The Alliance for Better Healthcare PPSs	As neighboring PPSs, collaborate regarding identification of training needs as well as the dissemination of materials	Coordination of training deliverables.
Patients and Families	Recipient of improved services	Feedback on access to clinical services
Workforce training Vendor TBD	Coordinating development of training plan	Provision of training including evaluation of outcomes.



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 7.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream.

- Easy, accessible communication platforms to support communication between practitioners will be important for engaging them in DSRIP and for the sharing of best practice. This is true both within the AMCH PPS and between PPSs. We intend to develop a specific AMCH PPS portal on the MIX platform, potentially with sub-groups for various professional groups and for practitioners interested in specific projects.
- The ability for providers to share clinical information easily will also be important, not just for the improvements in clinical integration but also for the ongoing buy-in of individual practitioners. Therefore, it is important that the IT infrastructure, developed by the AMCH PPS IT Transformation Group, is in place quickly and developed with the input of Practitioner Champions.
- Improved IT infrastructure will also be important for the delivery of our practitioner engagement education and training materials. Our interactive provider map will give us insight into the provider organizations / sites where this will be a challenge.
- Successful electronic connections between provider groups will support practitioner engagement activities.

✔ IPQR Module 7.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

- The roll-out and attendance at the practitioner engagement programs will be an indicator of the reach of our practitioner engagement plan. We have set the target of delivering education & training face-to-face at 65% of provider organizations in our network and we will use this metric to monitor the progress of this work stream.
- In addition, we will monitor the attendance at practitioner training events. The design of these programs (DY1, Q4) will involve specific targets being set for the number of attendees per training, as well as questionnaires pre and post testing designed to assess impact (designed in collaboration with our Workforce Coordinating Council). Our Practitioner Champions will be responsible for generating interest and involvement in these training programs
- The use of our practitioner discussion forums on the MIX platform will be another indicator of the level of engagement of practitioners in the DSRIP program. The group representatives will report regularly to the Clinical & Quality Affairs Committee on the level of engagement (and coordination and integration) they see amongst the group they represent.
- The PPS will conduct annual surveys of provider satisfaction using standardized survey instruments through the National Research Corporation.
- Finally, practitioner engagement will be reported electronically based on the use of SAKAI which will capture time spent in module completion including pre and post test scores as surrogate measures.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 7.9 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section 08 – Population Health Management

✅ IPQR Module 8.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop population health management roadmap.	Completed	Population health roadmap, signed off by PPS Board, including: -- The IT infrastructure required to support a population health management approach -- Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizations --Defined priority target populations and define plans for addressing their health disparities.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. AMCH PPS will conduct a detailed survey of participating providers to assess available data sets and registries. This survey will be used to evaluate potential disparities in care, quality indicators, patient demographics, and social determinants of health.	Completed	1. AMCH PPS will conduct a detailed survey of participating providers to assess available data sets and registries. This survey will be used to evaluate potential disparities in care, quality indicators, patient demographics, and social determinants of health.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Based on available data sets, AMCH PPS will create the framework for a population health dashboard for public reporting purposes. This framework will be reviewed and approved by the PAC Executive Committee.	Completed	2. Based on available data sets, AMCH PPS will create the framework for a population health dashboard for public reporting purposes. This framework will be reviewed and approved by the PAC Executive Committee.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3. AMCH PPS will collaborate with overlapping PPSs to create a detailed plan to maintain the regional comprehensive CNA. Updates to the CNA will be released as circumstances dictate.	Completed	3. AMCH PPS will collaborate with overlapping PPSs to create a detailed plan to maintain the regional comprehensive CNA. Updates to the CNA will be released as circumstances dictate.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	4. Based on the approved dashboard framework, AMCH PMO	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
4. Based on the approved dashboard framework, AMCH PMO will update the dashboard quarterly for the PPS and the public. This dashboard will be available electronically.		will update the dashboard quarterly for the PPS and the public. This dashboard will be available electronically.							
Task 5. AMCH PPS will establish a regional learning collaborative for PCMH certification training and technical support to assure all safety net provider sites are 2014 Level 3 certified by end of DY3.	Completed	5. AMCH PPS will establish a regional learning collaborative for PCMH certification training and technical support to assure all safety net provider sites are 2014 Level 3 certified by end of DY3.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 6. AMCH PMO will define hotspot areas based on current CNA data. Hotspots will create targeted areas for PPS resource deployment including workforce.	Completed	6. AMCH PMO will define hotspot areas based on current CNA data. Hotspots will create targeted areas for PPS resource deployment including workforce.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7. AMCH PPS's Clinical and Quality Affairs Committee will establish Population Health goals that reflect the State of New York Prevention Agenda (PHIP, SHIP, CHIP etc.) and address disparities in care.	Completed	7. AMCH PPS's Clinical and Quality Affairs Committee will establish Population Health goals that reflect the State of New York Prevention Agenda (PHIP, SHIP, CHIP etc.) and address disparities in care.	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 8. AMCH PPS Consumer and Community Affairs Committee and Cultural Competency and Health Literacy Committee will jointly finalize the population health roadmap. It will be presented to the PAC Executive Committee and to the AMCH Executive Steering Committee (PPS Board).	Completed	8. AMCH PPS Consumer and Community Affairs Committee and Cultural Competency and Health Literacy Committee will jointly finalize the population health roadmap. It will be presented to the PAC Executive Committee and to the AMCH Executive Steering Committee (PPS Board).	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Finalize PPS-wide bed reduction plan.	Completed	PPS Bed Reduction plan, signed off by PPS Board. This should set out your plan for bed reductions across your network, including behavioral health units/facilities, in line with planned reductions in avoidable admissions and the shift of activity from inpatient to outpatient settings.	11/01/2015	06/30/2016	11/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. AMCH Clinical and Quality Affairs Committee will report data for hospital bed utilization, ED visits, and overall bed utilization across the PPS, with particular emphasis on nursing home bed	Completed	1. AMCH Clinical and Quality Affairs Committee will report data for hospital bed utilization, ED visits, and overall bed utilization across the PPS, with particular emphasis on nursing home bed utilization (2.a.v).	11/01/2015	06/30/2016	11/01/2015	06/30/2016	06/30/2016	DY2 Q1	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
utilization (2.a.v).									
Task 2. AMCH PMO will publish dashboard reports based on bed utilization.	Completed	2. AMCH PMO will publish dashboard reports based on bed utilization.	12/01/2015	06/30/2016	12/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Dashboards will provide guidance to participating Hospitals, Emergency Departments, and Skilled Nursing Facilities to provide decision support to drive strategies to accomplish the goals of DSRIP.	Completed	3. Dashboards will provide guidance to participating Hospitals, Emergency Departments, and Skilled Nursing Facilities to provide decision support to drive strategies to accomplish the goals of DSRIP.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 4. AMCH PMO and Clinical and Quality Affairs Committee will convene to address results form dashboard reports with the goal of beginning to discuss bed-reduction techniques applicable to provider organizations.	Completed	4. AMCH PMO and Clinical and Quality Affairs Committee will convene to address results form dashboard reports with the goal of beginning to discuss bed-reduction techniques applicable to provider organizations.	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Meet with applicable organizational leadership to identify excess bed capacity and initiate internal process for decertification of selected beds across the PPS.	Completed	5. Meet with applicable organizational leadership to identify excess bed capacity and initiate internal process for decertification of selected beds across the PPS.	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Assist with submission of CONs as necessary to complete bed decertification.	Completed	6. Assist with submission of CONs as necessary to complete bed decertification.	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 7. In collaboration with Skilled Nursing Facilities and as part of Project 2.a.v, AMCH PMO will identify potential beds available for decertification.	Completed	7. In collaboration with Skilled Nursing Facilities and as part of Project 2.a.v, AMCH PMO will identify potential beds available for decertification.	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 8. AMCH PMO will finalize a bed reduction plan focused on achieving results in Project 2.a.v and present this plan to the PAC Executive Committee and to the PPS Board for approval.	Completed	8. AMCH PMO will finalize a bed reduction plan focused on achieving results in Project 2.a.v and present this plan to the PAC Executive Committee and to the PPS Board for approval.	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop population health management roadmap.	ayersl3	Templates	1_DY2Q2_PHM_MDL81_PRES1_TEMPL_Meeting_Schedule_Template_Population_Health_Workstre am_DY2Q2_6639.xlsx	Pop Health Template	10/25/2016 03:31 PM
Finalize PPS-wide bed reduction plan.	ayersl3	Templates	1_DY2Q2_PHM_MDL81_PRES2_TEMPL_Populati on_Health_MS2_Mtg_Sched_Template_7.1.2016- 9.30.2016_6641.xlsx	Pop Health Template	10/25/2016 03:33 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop population health management roadmap.	<p>The AMCH PPS created a Population Health Workgroup to assume direct responsibility for activities required to meet population health tasks and milestones. This workgroup consists of executive leadership, staff from strategic planning, the Project Management Office and regional health planning organizations. The workgroup developed the outline and components of the strategic workplan, which lays out the strategies that the PPS will undertake to directly address population health during the duration of the DSRIP initiative. The Roadmap was approved by the Chairpersons of the Consumer and Community Affairs Committee and the Cultural Competency and Health Literacy Committee prior to receiving approval from the PPS Board in June 2016.</p> <p>The Roadmap provides guidance to the PPS in terms of the overall direction that the PPS will follow in preparing organizations for population health management. This includes their ability to develop population health data registries to forecast and manage chronic diseases, particularly those that are preventable. Rather than a specific patient-centered focus, the Roadmap requires organizational participants to consider broad approaches to improving the health and well-being of all residents of the five county region.</p> <p>In accordance with DSRIP requirements, the Population Health Management Roadmap includes: IT infrastructure required to support a population health management approach, such as the creation of a population health dashboard based on available data sets and registries; Plans for achieving PCMH 2014 Level 3 certification in relevant provider organizations, such as by using a learning collaborative for the necessary training and support to attain NCQA certification; Identification of priority target populations and defined plans for addressing their health disparities by establishing goals that reflect the State of New York's Prevention Agenda; A list of PCMH 2014 Level 3 certified provider organizations.</p> <p>The two Domain 4 project teams have also met and executed contracts have been completed with a large number of organizations participating in one or both of the Domain 4 projects. Staff from the PMO have also met with the Capital District Tobacco Free Coalition, New York Oncology/Hematology and The American Cancer Society to discuss available resources and opportunities for potential support to the PPS. The PPS has representation with several local coalitions that include Capital District Tobacco Free Coalition Partners, Albany County Strategic Alliance for Health, Albany County Mental Health's Tobacco-Free Living</p>



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	<p>Workgroup, and the Asthma Coalition of the Capital Region.</p> <p>While not required to substantiate ongoing quarterly report updates, please see attached meeting schedule template. This captures the PPS updates on implementation of the Population Health Management Roadmap which lies in meeting and collaboration with partners, and continued conversation about population health/ the roadmap.</p>
Finalize PPS-wide bed reduction plan.	There are updates to this milestone.

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 8.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 8.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing these cross-cutting organizational strategies, including potential impacts on specific projects and, crucially, any risks that will undermine your ability to achieve outcome measure targets.

The first risk to implementation is related to the availability of data. Community needs assessment data is a major source of population health information within the PPS service region. This data is complex and can take time to collect and analyze. To mitigate this risk, we will take a structured approach to data collection and analysis involving appropriate stakeholders. Data will be standardized for presentation to project teams and stakeholders. MAPP tool data as well as other sources may lag and will not be available in real-time. The second risk to implementation is that skilled nursing facilities will not commit to bed decertification and the resulting change in their business model. To mitigate this risk, we will incentivize these providers using DSRIP funds as a transitional tool. Perhaps the most significant risk to implementation of the bed reduction milestone is the lack of capital funding. To mitigate this risk, we will continue to support capital funding requests needed for site renovations.

✔ IPQR Module 8.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

The population health work stream is dependent upon the following work streams: Financial Sustainability, Governance, IT Systems and Processes, Workforce, Practitioner Engagement, and Cultural Competency & Health Literacy. This work stream is dependent on Financial Sustainability in several ways: Incentive payments to motivate changes in business models, financial support for participation in the PCMH learning collaborative, transformation of the payment model to a Value Based approach. Governance dependencies revolve primarily around approval of final work products. IT Systems and Processes have numerous dependencies because measurement of population health changes are data and system dependent. Redeployment and retraining of nursing home staff due to bed reductions will create a dependency with the Workforce work stream. This work stream is dependent upon actively engaged practitioners and organizations at key locations including nursing homes. The Cultural Competency and Health Literacy work stream will rely on the output of this work stream to guide their efforts in addressing health disparities.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 8.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational work stream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Clinical and Quality Affairs Committee	Kallanna Manjunath, MD	Oversee development of population health roadmap and goals; oversee development or identification and implementation of standardized clinical protocols across the entire PPS network.
Nursing Home Administrators	Various	Identification and decertification of beds (2.a.v.) and identification of space for medical village or other alternate use.
AMC VP Information Services	Azmat Ahmad	Coordination of IT integration for population health data collection and reporting.
AMCH PPS Project Management Office	George Clifford, PhD	Oversight and implementation of all 11 projects. This includes performance reporting structure, training, and implementation. Responsible for identifying areas of focus, and directing team efforts.
AMCH PAC Executive Committee	Elected representatives	Approve clinical protocols, reporting structures, bed reduction plan, and communication to PPS. The Executive PAC committee will review and approve population health dashboard data as appropriate.
PPS Board	PPS Board	Approve population health roadmap and bed reduction plan.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 8.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
AMCH PPS Project Management Office	Project management and oversight on behalf of AMCH	Dashboard reporting, milestone reporting, coordination of incentive payments and leadership activities to complete the Population health roadmap.
AMCH Executive Steering Committee	Commit resources, set policy, direct efforts of the PMO, and provide institutional leadership for internal activities	Approve the roadmap prior to review and approval by the Executive committee of the PAC and the PPS Board.
AMC IT Department	Coordinate IT systems development, reporting systems, and data security. Work with identified vendors to establish population health monitoring IT infrastructure	Integrated systems for monitoring and reporting of population health measures.
Skilled Nursing Facilities	Identify excess bed capacity for decertification and retrofitting	Updated Certificate of Need
External Stakeholders		
Healthy Capital District Initiative (HCDI)	Assist with updating and maintaining the Community Needs Assessment	Updated CNA
MCOs	Provide technical and data analytic assistance in the development of population health strategies.	Population health strategies



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 8.7 - IT Expectations

Instructions :

Please describe the current Population Health Management IT capabilities in place throughout your PPS network and what your plans are at this stage for leveraging these capabilities and/or developing new IT infrastructure.

Population Health Management is data driven and highly dependent on IT. We will conduct a detailed survey of participating providers to assess available data sets and registries. This survey will be used to evaluate potential disparities in care, quality indicators, patient demographics, and social determinants of health. Community health indicators, available from state, federal and various foundation sources will be utilized to provide baseline measures and longitudinal monitoring of these indicators over the term of the project. Current IT infrastructure does not support robust population health management, monitoring or reporting. IT systems will need to be developed to support population health management activities, including the creation of dashboards. These dashboards will also include Community Needs Assessment data where relevant. Data will be updated on an ongoing basis and be available across the PPS. This IT infrastructure will be a significant endeavor but will ultimately be necessary for success.

PCMH certification requires use of an E.H.R. All safety net providers will need to implement an E.H.R system within their organization and ensure it meets all Meaningful Use requirements. The PCMH learning collaborative will facilitate this change. AMC's IT staff or the identified vendor will provide support as required.

External IT resources such as HIXNY and SHIN-NY will play a significant role in the development of a sustainable population health IT infrastructure.

✔ IPQR Module 8.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

The two primary work streams associated with population health are the monitoring of the health of the population and the reduction in beds available (specifically nursing home beds for Project 2.a.v). The ability to measure, monitor and report on the health of the population in a consistent, longitudinal way will define success for the first part of this work stream. Positive changes in baseline measures of population health will indicate success in the domain 3 and 4 projects. The PMO will develop population health tools and reports and closely monitor contracting with MCOs. In addition, data provided by the NYSDOH regarding Domain 4 metrics, will be utilized and analyzed longitudinally to determine success of population health initiatives. Further clarification of action steps regarding domain 4 is provided in the project implementation plans for Projects 4.b.i and 4.b.ii.

The second workstream will be measured based on approval of one or more CONs that will result in decertification of SNF beds. The required administrative steps consistent with the CON process will be followed, tracked and reported as indicators of progress during DY2-3. Reporting of



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

these workstream activities will be shared with the PAC and will be available to the public via the PMO's public web portal.

IPQR Module 8.9 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section 09 – Clinical Integration

✅ IPQR Module 9.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform a clinical integration 'needs assessment'.	Completed	Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee, including: -- Mapping the providers in the network and their requirements for clinical integration (including clinical providers, care management and other providers impacting on social determinants of health) -- Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration -- Identify other potential mechanisms to be used for driving clinical integration	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task 1. Assess internal capabilities to perform a comprehensive clinical integration (CI) needs assessment. If necessary select a vendor to complete the assessment.	Completed	1. Assess internal capabilities to perform a comprehensive clinical integration (CI) needs assessment. If necessary select a vendor to complete the assessment.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Select a validated CI needs assessment tool for review and approval by Clinical and Quality Affairs committee.	Completed	2. Select a validated CI needs assessment tool for review and approval by Clinical and Quality Affairs committee.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Obtain approval by Clinical and Quality Affairs committee.	Completed	3. Obtain approval by Clinical and Quality Affairs committee.	10/20/2015	12/31/2015	10/20/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Generate a list of potential participating practitioner organizations for distribution of approved tool.	Completed	4. Generate a list of potential participating practitioner organizations for distribution of approved tool.	10/20/2015	12/31/2015	10/20/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	5. Develop a process for distribution and implementation of	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
5. Develop a process for distribution and implementation of needs assessment tool.		needs assessment tool.							
Task 6. Distribute CI needs assessment.	Completed	6. Distribute CI needs assessment.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Collect, aggregate and analyze responses to identify providers' requirements for clinical integration, gaps and CI focus areas.	Completed	7. Collect, aggregate and analyze responses to identify providers' requirements for clinical integration, gaps and CI focus areas.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. Analyze and identify key data points for shared access and the key interfaces that will have an impact on clinical integration.	Completed	8. Analyze and identify key data points for shared access and the key interfaces that will have an impact on clinical integration.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Develop a Clinical Integration strategy.	Completed	Clinical Integration Strategy, signed off by Clinical Quality Committee, including: -- Clinical and other info for sharing -- Data sharing systems and interoperability -- A specific Care Transitions Strategy, including: hospital admission and discharge coordination; and care transitions and coordination and communication among primary care, mental health and substance use providers -- Training for providers across settings (inc. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination -- Training for operations staff on care coordination and communication tools	11/01/2015	06/30/2016	11/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. Perform a current state assessment of participating practitioner organizations' integration capabilities, technology capabilities, care management and care coordination capabilities, quality programs and cultural readiness.	Completed	1. Perform a current state assessment of participating practitioner organizations' integration capabilities, technology capabilities, care management and care coordination capabilities, quality programs and cultural readiness.	11/01/2015	01/31/2016	11/01/2015	01/31/2016	03/31/2016	DY1 Q4	
Task 2. Based on Clinical Integration(CI) needs assessment, current state assessment, and AMCH PPS projects, develop a draft CI strategy that includes many perspectives including patient populations, practitioners, PPS partners, processes, assessments and care plan protocols, care transitions, technology and data.	Completed	2. Based on Clinical Integration(CI) needs assessment, current state assessment, and AMCH PPS projects, develop a draft CI strategy that includes many perspectives including patient populations, practitioners, PPS partners, processes, assessments and care plan protocols, care transitions, technology and data.	12/01/2015	06/30/2016	12/01/2015	06/30/2016	06/30/2016	DY2 Q1	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
processes, assessments and care plan protocols, care transitions, technology and data.									
Task 3. Working with representatives from participating organizations, develop a component of the CI strategy that outlines the implementation plan with special focus on care transitions including hospital admission and discharge coordination, care transitions, care coordination and communication among primary care and behavioral health practitioners.	Completed	3. Working with representatives from participating organizations, develop a component of the CI strategy that outlines the implementation plan with special focus on care transitions including hospital admission and discharge coordination, care transitions, care coordination and communication among primary care and behavioral health practitioners.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 4. As a component of the strategy, working with Technology and Data Management Committee (TDMC) outline, test and verify clinical data sharing process for all relevant clinical interfaces.	Completed	4. As a component of the strategy, working with Technology and Data Management Committee (TDMC) outline, test and verify clinical data sharing process for all relevant clinical interfaces.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Establish clinical data sharing process.	Completed	5. Establish clinical data sharing process.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Develop training criteria for participating practitioners across different clinical settings (Incl. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination.	Completed	6. Develop training criteria for participating practitioners across different clinical settings (Incl. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 7. Develop training criteria for nursing and operations staff on care coordination and communication tools.	Completed	7. Develop training criteria for nursing and operations staff on care coordination and communication tools.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 8. Develop protocols for hospital admission and discharge coordination to assure timely and effective care transition.	Completed	8. Develop protocols for hospital admission and discharge coordination to assure timely and effective care transition.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 9. Develop protocols for care transitions, care coordination and communication among participating primary care and behavioral health practitioners.	Completed	9. Develop protocols for care transitions, care coordination and communication among participating primary care and behavioral health practitioners.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task	Completed	10. Present draft CI strategy to the Clinical and Quality Affairs	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
10. Present draft CI strategy to the Clinical and Quality Affairs committee for review and approval.		committee for review and approval.							
Task 11. Obtain approval of clinical integration strategy by Clinical and Quality Affairs committee.	Completed	11. Obtain approval of clinical integration strategy by Clinical and Quality Affairs committee.	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 12. Roll-out plan for CI implementation across participating practitioner organizations in one of the regions within AMCH PPS utilizing the PDSA framework.	Completed	12. Roll-out plan for CI implementation across participating practitioner organizations in one of the regions within AMCH PPS utilizing the PDSA framework.	03/01/2016	04/30/2016	03/01/2016	04/30/2016	06/30/2016	DY2 Q1	
Task 13. Evaluate the outcomes from the initial roll-out, modify plan if necessary and roll-out to other regions.	Completed	13. Evaluate the outcomes from the initial roll-out, modify plan if necessary and roll-out to other regions.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 14. Measure and submit quarterly reports to CQA committee on participation rates, training topics and progress on implementation.	Completed	14. Measure and submit quarterly reports to CQA committee on participation rates, training topics and progress on implementation.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Perform a clinical integration 'needs assessment'.	ayersl3	Templates	1_DY2Q2_CI_MDL91_PRES1_TEMPL_Clinical_Integration_Organizations_to_be_Integrated_7.1.2016-9.30.2016_6646.xlsx	Clinical Integration Template	10/25/2016 03:36 PM
	ayersl3	Templates	1_DY2Q2_CI_MDL91_PRES1_TEMPL_Clinical_Integration_Meeting_Schedule_7.1.2016-9.30.2016_6644.xlsx	Clinical Integration Meeting Template	10/25/2016 03:35 PM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop a Clinical Integration strategy.	ayersl3	Meeting Materials	1_DY2Q2_CI_MDL91_PRES2_MM_CI_CCM_Overview_Training_Session_9.26.2016_6649.pdf	Clinical Integration Training Presentation	10/25/2016 03:38 PM
	ayersl3	Templates	1_DY2Q2_CI_MDL91_PRES2_TEMPL_CI_Training_Template_7.1.2016-9.30.2016_6647.xlsx	Clinical Integration Training Template	10/25/2016 03:37 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform a clinical integration 'needs assessment'.	There are updates to this milestone.
Develop a Clinical Integration strategy.	There are updates to this milestone.

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 9.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 9.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in improving the level of clinical integration throughout your network and achieving the milestones described above. Describe potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

A primary risk for clinical integration will be ineffective participation of practitioners and leaders of health care organizations. Currently most practitioners and health systems function as silos and have not changed their systems due to current payment systems, or market share dominance. Without their active participation in our efforts to redesign the delivery system, we will face substantial hurdles in implementing clinical integration strategies effectively. Strong linkages to Level 3 PCMH PCP sites are essential to the success of clinical integration. Inability of the primary care practices to achieve this recognition will create additional hurdles. The current culture among practitioners is a barrier to integration of physical and BH care services. The current lack of integration compromises the care of individuals with mental health and chemical dependency disorders and chronic medical ailments. To mitigate these risks, we will:

- Create teams, led by practicing clinician stakeholders that will be responsible to the CQAC for developing clear lines of accountability and communication between relevant groups, and the development of clinical pathways using evidence-based standards of care and monitoring of clinical performance.
- With a dedicated team of experts, AMCH PPS will coach and support other primary care practitioners through the process of obtaining recognition as a Level 3 PCMH.
- Provide training and encourage a cultural shift across organizational boundaries to create a more collaborative, patient centered approach whereby primary care practitioners are more attentive to behavioral health disorders.
- Assist our partners with the transition towards value based payments and away from traditional payment models.

A second risk to clinical integration is the reliance on new IT and communications infrastructure which is needed to support communication between practitioners and between organizations. The IT and data sharing survey that we carried out prior to our DSRIP application revealed that the partners within our PPS are at differing levels of IT capabilities and are on differing platforms, creating risks to integration. The current lack of infrastructure and reimbursement to support telemedicine prevents implementation as well as readiness of providers to be part of the initiative. Existing IT infrastructure is inadequate to support a region-wide interoperable system, and a comprehensive patient registry. Rolling out new tools for data sharing while trying to establish new lines of communication to coordinate care will be a complex challenge. To mitigate these risks, we will:

- Involve practitioners from our participating partners in the redesign and implementation of clinical IT and data sharing systems.
- Integrate a member of the TDMC into the team to develop our clinical integration strategy.
- Utilize a realistic model of IT expansion to allow all organization types to share in connectivity.
- Develop and implement a system-wide IT solution to facilitate real-time data exchange for effective care management including structured EHR templates.

A third risk is the inability of regional MCOs to reimburse adequately for proposed changes to the delivery system. Their current authorization requirements are not aligned with implementation of clinical pathways and care coordination initiatives. Active engagement in VBP will be difficult to achieve without practitioner engagement and clinical integration. To mitigate these risks, we will:

- Engage MCOs to evolve the payment structure to a value based system as well as provide educational materials to our participating providers.
- Examine clinical pathways and workflows to identify authorizations and procedures required by MCOs and their impact on service delivery.
- Discuss a streamlined process for care bundles with the MCOs to minimize unnecessary authorizations.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 9.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

Clinical integration is dependent on the following work streams: Governance, Finance, Workforce, IT, and Practitioner Engagement. These work streams are linked together and supportive of each other. This integration creates processes that are sequential across the various work streams, creating management challenges. Clinical integration is dependent on Governance for the review and approval of the clinical integration strategic plan among other elements. Clinical Integration is dependent upon Finance to establish appropriate incentives for engagement (providers/ organizations/ MCOs) and project implementation. Clinical integration is dependent upon workforce in two ways: first, to address training needs workforce will provide the necessary skill development required, and second, the necessary staffing to meet demand across clinical settings. Clinical integration is dependent upon IT for evaluation, connectivity, data exchange, reporting, care coordination, and quality improvement. Clinical integration is dependent upon practitioner engagement without which the work stream cannot succeed. Clinically integrating AMCH PPS's diverse set of practitioners will require the input, insight, and engagement of all involved. All affected practitioners must be engaged in the DSRIP process in order for them to value – and support – the clinical integration of our PPS. To ensure coordinated efforts in these two areas, some of the core elements of our approach to clinical integration and practitioner engagement – including the development of professional peer groups and teams– also play a central role in the delivery of our clinical integration strategy. To support the development of NCQA-certified Level 3 PCMH primary care practices, the Population Health and the Performance Reporting work streams will need to align with the clinical integration and practitioner engagement strategies.

If the transformation towards a clinically integrated system is viewed by practitioners as increasing the administrative burden involved in managing care for their patients, we will not be able to create a sustainable shift in practice. An important factor in facilitating greater clinical integration will, therefore, be freeing up the time required for individual practitioners to engage in multi-disciplinary care planning. Our IT systems and processes will need to be designed and implemented (a) with the goal of reducing administrative processes from their current levels and (b) with the input of clinical end users.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 9.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Clinical and Quality Affairs Committee	Committee members	Oversight and approval of CI Strategy and CI work plan.
Chief Medical Officer, AMCH PPS	Kallanna Manjunath, MD	Leadership, member of Sr. Management Team, Chief Medical Officer
Practitioner Steering Committee	Practitioner champions representing participating organizations	Take an active role in practitioner engagement, clinical integration and staff buy-in at participating organizations.
AMCH PPS Project Management Office	George Clifford, PhD	Responsible for oversight and implementation of all 11 projects. Facilitate the implementation of the operational objectives of the CI Strategy
Nurse Manager, AMCH PPS	Tara Foster, RN, MS	DSRIP wide assistance with adoption of care management protocols
Psychologist	Brendon Smith, PhD	DSRIP wide assistance with behavioral health integration, etc.
AMCH PPS PMO IT Contact	Christine McIntyre, MPH	Liaison between IT Representatives of member organizations.
Executive Sponsor	Ferdinand Venditti, MD Executive Vice President	Assistance with work stream integration, PPS relations and clinical engagement.
AHI and The Alliance for Better Healthcare PPSs	As neighboring PPSs, collaborate regarding identification of training needs as well as the dissemination of materials	Coordination of training deliverables.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 9.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Kallanna Manjunath, MD	PPS Medical Director and Chair, Clinical and Quality Committee	Leadership and direction of the Clinical and Quality Affairs Committee, assisting with plans, strategies and protocols, as needed
James Desemone, MD	Albany Medical College's Director of Quality, Faculty Physicians Group	Leadership efforts for clinical quality improvement at internal and external sites
Ferdinand Venditti, MD Executive Vice President	President, AMC Faculty Physicians Group	Executive Steering Committee leadership, obtaining PCP "buy-in"
AMC Faculty Practice and Affiliated Partners	Medical Director of multiple organizations	Committee participation, clinical leadership across provider sites
Community-Based AMCH PPS Behavioral Health Providers	Participants	Engage in AMCH PPS projects, action plans and deliverables.
Department of Psychiatry	Behavioral Health Leadership	Active engagement in clinical integration of primary and behavioral health
Providers	Medical Director of multiple organizations	Committee Participation, clinical leadership across provider sites
External Stakeholders		
Accreditation and Certification Agencies	Various	Provide guidelines for accreditation and certification
HIXNY	RHIO	Promote and enhance interconnectivity across PPS practitioner organizations
Professional Organizations (MSSNY, NYSNA, etc.)	Outreach	Promote DSRIP goals and objectives
1199 SEIU, NYSNA, and CSEA	Provide needed input and guidance	Assistance as needed to ensure PPS includes appropriate levels of input from workforce
Healthy Capital District Initiative (HCDI)	Coordinate training needs with PHIP and SHIP	Coordinated curriculum and training schedule
Adirondack Health Institute and The Alliance for Better Healthcare PPSs	As neighboring PPSs, collaborate regarding identification of training needs as well as the dissemination of materials	Coordination of training deliverables.
Workforce training Vendor TBD	Coordinating development of training plan	Provision of training including evaluation of outcomes
External Membership of Clinical and Quality Affairs Committee	Various	Actively engaged in the development of work stream deliverables



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✅ IPQR Module 9.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream.

Effective clinical integration will require relevant information to be readily accessible for all providers across the patient care spectrum. For some providers this will mean integration into new or expanded clinical data systems. Effective clinical integration will rely heavily on the coordinated use of patient registries and other IT tools. A core element of our clinical integration needs assessment will be identifying whether new, expanded or other data-sharing systems are required. The collaboration between AMCH's PPS Technology and Data Management Committee, the Clinical and Quality Affairs Committee, and the provider stakeholders will be important in ensuring that our plans for developing IT infrastructure across the PPS support better clinical integration. Real time data sharing capability may be the most important thing to ensure in DY1 and DY2, since fully operational IT systems may not be feasible, affordable or able to be built and implemented quickly.

Achieving the buy-in of our participating providers for new technologies will depend on AMCH PPS to provide compelling justification for the use of the new technologies. Realizing partners within our PPS are at differing levels of IT capabilities and are on differing platforms will create a challenge to integration. We will utilize a multi-stage model of IT expansion to allow all organization types to share in connectivity at a realistic rate. This includes:

1. Developing manual reporting via excel or other State provided templates for MAPP tool utilization. A PMO purchased project management software tool will ease the burden of this task.
2. EHR adoption by all safety net primary care providers prior to the end of DY3.
3. Adoption of toolkits produced by the Target Operating Model project, led by KPMG, for IT functionality across the PPS.
4. Utilization of claim based analytic resources for risk stratification to deploy resources and develop provider performance metrics.
5. Develop care planning/ care coordination functionality across the broad spectrum of performing providers.

✅ IPQR Module 9.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

The Clinical and Quality Affairs (CQA) committee will receive quarterly progress reports aligned with the phases of implementation of CI Strategy. The first quarterly report will include:

- A validated CI needs assessment tool approved by the CQA committee
- Aggregated results of the CI needs assessment survey
- Progress towards completion of a clinical IT needs assessment
- An approved CI Strategy document

Subsequent quarterly reports may include, but not be limited to:

- Updates on training activities



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

- Progress towards implementation of CI action plans
- Progress towards full implementation of the IT infrastructure development for interoperability
- Information obtained from surveys of participating practitioners and patient groups.

The success of clinical integration will be demonstrated by completion of the PMO quarterly progress reports as a surrogate measure. Justification for use of these reports as surrogate measures is based on accurate and timely data provided by participating providers. AMCH PPS has purchased and will utilize performance logic for overall project tracking and reporting.

IPQR Module 9.9 - IA Monitoring:

Instructions :



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section 10 – General Project Reporting

IPQR Module 10.1 - Overall approach to implementation

Instructions :

Please summarize your intended approach to the implementation of your chosen DSRIP projects, including considerations around how this approach will allow for the successful development of concurrently implementing DSRIP projects.

The successful implementation of AMCH PPS's eleven DSRIP projects will require the following:

- 1) The creation of a collaborative and transparent reporting system across all participating providers.
- 2) Executive management and clinical leadership, which are diverse and representative across the region, will be responsible for the implementation of the projects.
- 3) A plan that engages, incentives, and educates providers and the community through the creation of regional hubs.
- 4) The collaboration of AMCH PPS TDMC and CQA and provider stakeholders to ensure development of a sustainable, affordable and realistic plan for regional connectivity by building upon existing platforms and develop short term solutions that will evolve to long term sustainable technology interfaces. Retrieving accurate and timely data from the DOH will be vital to the success of this project.
- 5) Culturally appropriate training designed to educate individuals and organizations about the goals and strategies of each DSRIP project.
- 6) A financial plan that is fair, transparent and sustainable. Many projects will require significant capital investment. Delays in the CRFP program have hampered the ability of some projects to move forward. Failure to receive funding will jeopardize the success of some projects.

The PMO is responsible for meeting the overall timelines and deliverables and the day to day management of activities associated with the eleven DSRIP projects. AMCH recognizes the importance of shared governance as it relates to the success of the individual projects. To accomplish this, AMCH will focus on transparency, clear communication, and collaboration across the entire PPS. The PMO will share information such as best practices and performance benchmarks to ensure that project goals are achieved.

Another component that will drive the success of the eleven DSRIP projects is the creation of a shared information technology infrastructure as well as data analytics. Interoperability must be created to transfer data among providers.

AMCH PPS has developed a Workforce Coordinating Council to assess the capabilities of the DSRIP workforce and provide training and education where needed. Training will be provided to new hires and current employees to meet the needs of project specific milestones.

Provider and community engagement is a key factor contributing to the success of the DSRIP initiative. Since the AMCH PPS is comprised of a diverse mix of hospitals, providers, and community based organizations, AMCH PPS will ensure that all parties are engaged in the process through the efforts of our committees.

AMCH PPS will operate within a budget and funds flow model that evolves to meet the needs of the PPS in order to achieve the goals and objectives of DSRIP.

IPQR Module 10.2 - Major dependencies between work streams and coordination of projects

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Please describe how your approach will handle interdependencies between complementary projects, as well as between projects and cross-cutting PPS initiatives - for example, an IT infrastructure upgrade, or the establishment of data sharing protocols.

The AMCH PPS goal is to develop strategies that allow projects with similar milestones to work interdependently creating effective and efficient work streams. Several projects require care coordination. It will be efficient to standardize care coordination protocols.

AMCH PPS comprises a five county area that includes; Albany, Columbia, Greene, Saratoga, and Warren Counties. To avoid redundancies and to allow for seamless coordination of care throughout the PPS, the development plan will include three geographic hubs, and within those hubs creating project specific groupings allowing for more focused effort. Recognizing the regional diversity, the three hubs are: Hub 1: Warren and Saratoga Counties, Hub 2: Albany County, and Hub 3: Columbia and Greene Counties. Providers within a hub will work together on each project. Some examples of provider and project groupings by commonality include: Projects 2.a.iii and 2.b.iii. Both projects share interdependences with the development of care coordination and patient navigation. Projects 3.a.i and 3.a.ii may also be grouped together as they both share behavioral health commonalities.

Multiple projects require that participating providers meet the NCQA Level 3 2014 Patient Centered Medical Home standards. It may not be feasible to group all of the projects that require providers to meet this standard; therefore, the PMO will create a learning collaborative to assist all sites in the certification process.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 10.3 - Project Roles and Responsibilities

Instructions :

Please outline the key individuals & organizations that play a role in the delivery of your PPS's DSRIP projects, as well as what their responsibilities are regarding governance, implementation, monitoring and reporting on your DSRIP projects.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
AMCH PPS PMO	George Clifford, PhD	PMO is responsible for meeting project milestones and deliverables and providing project quarterly reports to DOH. PMO will be responsible for driving the implementation of those projects. PMO will monitor the implementation of cross-PPS organizational development initiatives, such as IT infrastructure development and workforce transformation.
AMCH PPS Clinical and Quality Affairs Committee	Dr. Kallanna Manjunath, AMCH PPS Medical Director	CQAC will ensure improvements in clinical outcomes through enhanced clinical integration and practitioner engagement across all eleven DSRIP projects.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects

Instructions :

In the below table, please set out who the key stakeholders are that play a major role across multiple DSRIP projects. Please give an indication of the role they play and how they impact your approach to delivering your DSRIP projects.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
AMCH PPS PMO	Management and coordination of all eleven DSRIP projects	Responsible for the quarterly reporting of all timelines and deliverables.
AMCH PPS Audit and Compliance Committee	Ensures compliance across eleven DSRIP projects	Responsible for the development and implementation of the AMCH PPS Compliance Plan and the development and dissemination of compliance materials for the AMCH PPS.
AMCH PPS Consumer and Community Affairs Committee	Ensures active consumer and community engagement across all relevant DSRIP projects	Responsible for engaging key CBOs and non-provider organizations in strategic locations to encourage active consumer engagement and participation in the DSRIP projects.
AMCH PPS Finance Committee	Provide financial oversight for all eleven DSRIP projects	Management of budgeting and financial planning for projects. Create and monitor internal controls and accountability policies.
AMCH PPS Workforce Coordinating Council	Oversee workforce needs of all eleven DSRIP projects	Assess workforce need and provide training as needed.
AMCH PPS Technology and Data Management Committee	Manage the IT work stream	Implement IT solutions across the network in support of project development.
AMCH PPS Cultural Competency and Health Literacy Committee	Establish a system-wide approach to ensure culturally and linguistically appropriate services are made available.	Assess cultural and linguistic training needs across the PPS region. Provide materials where necessary.
All AMCH PPS Participating Providers	Project implementation	Collaborate on the development and implementation of health system transformation including integration of the delivery system.
External Stakeholders		
Saratoga Hospital	Leadership participant	Participant in select DSRIP projects.
Columbia Memorial Hospital	Leadership participant	Participant in select DSRIP projects.
Labor Unions	Labor representation	Support and implementation of workforce transformations; as these plans are delivered through the implementation of the DSRIP projects, AMCH PPS may engage with them on the specific changes to the workforce.
CBOs	Project implementation support	Participate in implementation of projects as appropriate.
NYSDOH	Project implementation support	Provide metrics and benchmarks for DSRIP projects.
Healthy Capital District Initiative (HCIDI)	Project implementation support	Provide support to the WCC and the CCAC as needed as well as provide guidance regarding the prevention agenda and the state



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		health improvement plan.
Workforce Training Vendor (TBD)	Coordination and development of training programs	Provide training and education to participating partners. Provide training for new hires, redeployed and other workers who need additional guidance and education on certain tasks related to DSRIP projects.
OASAS Office of Substance Abuse	Project implementation support	Provide waivers for OASAS licensed facilities.
Office of Mental Health (OMH)	Project implementation support	Provide waivers for OMH licensed facilities.
Alliance for Better Health Care PPS	Project Collaboration	Collaborate in the implementation of select projects accounting for the overlap in counties and network providers, including the prevention of redundancy and waste of resources.
Adirondack Health Institute PPS	Project collaboration	Collaborate in the implementation of select projects accounting for the overlap in counties and network providers, including the prevention of redundancy and waste of resources.
MCO's and Payers	Financial sustainability and VBP	Collaborate in the development of contractual relationships to further transformation efforts towards VBP.
HIXNY and SHIN-NY	Data exchange	Develop connectivity and data exchange solutions across the provider network.



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✅ IPQR Module 10.5 - IT Requirements

Instructions :

Information technology will play a crucial role in the development of an effective, integrated performing provider system. It is likely that most projects will require some level of supporting IT infrastructure. Please describe the key elements of IT infrastructure development that will play a role in multiple projects.

Based on the availability of capital funding, AMCH PPS will develop an IT infrastructure that will be leveraged for the purposes of communication, data sharing and interoperability across all DSRIP projects. The AMCH PPS assessed the IT current state and identified a number of variations between providers in the network. The Technology and Data Management committee (TDMC) will develop an IT roadmap to achieve clinical data sharing and interoperability across the PPS network.

IT implementation objectives that effect multiple DSRIP projects include: achieving active participation and effective usage of the EHR system and patient registries for all providers in the system; meeting Meaningful Use and achieving 2014 Level three PCMH certification for all relevant providers; and connecting to HIXNY to access and share available clinical data across the PPS network. The AMCH PPS TDMC and CQA along with provider stakeholders will collaborate to ensure development of a sustainable, affordable and realistic plan for regional connectivity by building upon existing platforms and develop short term solutions that will evolve to long term sustainable technology interfaces.

The development of an IT infrastructure that allows for secure data sharing and interoperability is critical to the implementation of all DSRIP projects. The AMCH PPS will engage external and internal IT experts to mitigate the risk of shared PHI data.

✅ IPQR Module 10.6 - Performance Monitoring

Instructions :

Please explain how your DSRIP projects will fit into your development of a quality performance reporting system and culture.

AMCH PPS PMO is responsible for collecting and analyzing data and delivering the project's quarterly reports to the independent assessor and DOH, as well as communicating to the PPS board and the performing provider network performance outcomes, milestones and deliverables. AMCH PPS intends to utilize commercially available software to assist the PMO in creation of dashboards, milestone reporting, and preparation and submission of quarterly reports.



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✅ IPQR Module 10.7 - Community Engagement

Instructions :

Please describe your PPS's planned approach for driving community involvement in the DSRIP projects, how you will contract with CBOs for these projects, how community engagement will contribute to the success of the projects, and any risks associated with this.

The Consumer and Community Affairs Committee (CCAC) is responsible for engaging key CBOs in strategic locations to encourage active consumer engagement and appropriate CBO participation in the DSRIP projects. The CCAC will develop a plan which will include a schedule of events to engage and stimulate consumer involvement in various population health activities. The CCAC will actively participate in local CORESTAT and other community revitalization efforts to communicate and coordinate ongoing outreach activities.

CBO's involved in DSRIP projects will enter into a contractual agreement with the PMO or other safety-net providers. Contracts for each CBO will vary by project and the amount of the awards will be performance based. Every CBO entering into a contract with the PMO will be required to meet all milestones and deliverables of the specific DSRIP project.

Community engagement is critical to the success of DSRIP for several reasons. First, allowing input from a diverse population will foster creative and innovative ideas, resulting in greater community buy-in. Second, community engagement enhances relationship building, which is an effective way to increase involvement among various stakeholders including Medicaid beneficiaries, community leaders and the uninsured. Third, CBOs are on the frontline of service delivery, know their communities and are trusted by consumers creating engagement opportunities that are important to DSRIP's success.

There are risks associated with the PPS's ability to maintain active community engagement. The success of the community engagement goals require voluntary participation of individuals and organizations. The disengagement of a CBO is a risk to the PPS's ability to maintain effective community integration. Many CBOs lack sophisticated infrastructure including IT capabilities, compliance, regulatory reporting, and financial management that pose a risk in terms of their abilities to effectively manage data, funds, and deliverables. Limitations based on the funding cap for non-safety net providers may limit engagement and interest opportunities for some CBOs. AMCH PPS will mitigate these risks through effective communication, community engagement, transparent decision making, technical assistance and support including financial management and data reporting.

IPQR Module 10.8 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section 11 – Workforce

IPQR Module 11.1 - Workforce Strategy Spending (Baseline)

Instructions :

Please include details on expected workforce spending on a semi-annual basis. Funds may be shifted from one funding type category to another within the workforce strategy spending table, as long as the PPS adheres to their overall spend commitments. However, the PPS may apply a 25% discount factor to the DY1 Workforce Strategy Spend target. If the PPS applies this discount in DY1, the PPS will be expected to reallocate those funds appropriately in DY2-4 to fully meet their DY1-4 total commitment.

Funding Type	Year/Quarter										Total Spending(\$)
	DY1(Q1/Q2)(\$)	DY1(Q3/Q4)(\$)	DY2(Q1/Q2)(\$)	DY2(Q3/Q4)(\$)	DY3(Q1/Q2)(\$)	DY3(Q3/Q4)(\$)	DY4(Q1/Q2)(\$)	DY4(Q3/Q4)(\$)	DY5(Q1/Q2)(\$)	DY5(Q3/Q4)(\$)	
Retraining	0.00	613,996.00	454,111.00	454,111.00	454,111.00	454,111.00	415,475.00	415,475.00	246,373.00	246,373.00	3,754,136.00
Redeployment	0.00	78,793.00	37,884.00	37,884.00	37,884.00	37,884.00	28,225.00	28,225.00	23,772.00	23,772.00	334,323.00
New Hires	0.00	59,475.00	28,225.00	28,225.00	28,225.00	28,225.00	28,225.00	28,225.00	14,112.00	14,112.00	257,049.00
Other	0.00	126,750.00	126,750.00	126,750.00	126,750.00	126,750.00	126,750.00	126,750.00	62,875.00	62,875.00	1,013,000.00
Total Expenditures	0.00	879,014.00	646,970.00	646,970.00	646,970.00	646,970.00	598,675.00	598,675.00	347,132.00	347,132.00	5,358,508.00

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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No Records Found

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass & Complete	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 11.2 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement. Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Please note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Define target workforce state (in line with DSRIP program's goals).	Completed	Finalized PPS target workforce state, signed off by PPS workforce governance body.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. Establish a permanent Workforce Coordinating Council (WCC) as defined in AMCH's Project Advisory Committee (PAC) operating guidelines and principles. This council will include representation from labor, management, workers, training vendors, and other key stakeholders.	Completed	1. Establish a permanent Workforce Coordinating Council (WCC) as defined in AMCH's Project Advisory Committee (PAC) operating guidelines and principles. This council will include representation from labor, management, workers, training vendors, and other key stakeholders.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Identify workforce needs associated with each approved project and in consultation with key stakeholders in the PAC. This will be done via a survey instrument or other means to document staff training and development, redeployment, retention, and recruitment needs.	Completed	2. Identify workforce needs associated with each approved project and in consultation with key stakeholders in the PAC. This will be done via a survey instrument or other means to document staff training and development, redeployment, retention, and recruitment needs.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. WCC will define job role classifications and group titles across provider types to assess need, prioritize roles, skills and licensure requirements to assist with retraining and redeployment.	Completed	3. WCC will define job role classifications and group titles across provider types to assess need, prioritize roles, skills and licensure requirements to assist with retraining and redeployment.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Perform a future state staffing analysis at the project level to assess whether more, less, or different resources are required for project implementation and incorporate into the workforce roadmap.	Completed	4. Perform a future state staffing analysis at the project level to assess whether more, less, or different resources are required for project implementation and incorporate into the workforce roadmap.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 5. Using the results from previous steps, the WCC will work with individual providers and our workforce development vendor to assess future state staffing needs by site and incorporate them into the workforce roadmap.	Completed	5. Using the results from previous steps, the WCC will work with individual providers and our workforce development vendor to assess future state staffing needs by site and incorporate them into the workforce roadmap.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 6. WCC will define target workforce state (in line with DSRIP program's goals) and present to the PAC Executive Committee for adoption.	Completed	6. WCC will define target workforce state (in line with DSRIP program's goals) and present to the PAC Executive Committee for adoption.	02/15/2016	06/30/2016	02/15/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Completed	Completed workforce transition roadmap, signed off by PPS workforce governance body.	02/15/2016	09/30/2016	02/15/2016	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. The WCC, in collaboration with the training vendor, will analyze the gap analysis, workforce survey, CNA, and other resources to determine the workforce gaps for each project. The WCC will develop project specific timelines for the retraining, recruitment, and redeployment of the workforce.	Completed	1. The WCC, in collaboration with the training vendor, will analyze the gap analysis, workforce survey, CNA, and other resources to determine the workforce gaps for each project. The WCC will develop project specific timelines for the retraining, recruitment, and redeployment of the workforce.	02/15/2016	09/30/2016	02/15/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 2. The WCC, in collaboration with the training vendor, will develop strategies to alleviate the PPS workforce gaps. These strategies will be outlined in the workforce transition roadmap.	Completed	2. The WCC, in collaboration with the training vendor, will develop strategies to alleviate the PPS workforce gaps. These strategies will be outlined in the workforce transition roadmap.	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 3. The WCC will present the finalized roadmap to the PAC Executive Committee for review and approval by the end of DY1Q4.	Completed	3. The WCC will present the finalized roadmap to the PAC Executive Committee for review and approval by the end of DY1Q4.	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 4. Based on feedback from the PAC Executive Committee, the WCC will modify the roadmap where appropriate.	On Hold	4. Based on feedback from the PAC Executive Committee, the WCC will modify the roadmap where appropriate.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 5. The WCC, in collaboration with the training vendor, will continually review the workforce roadmap and assess the ongoing recruitment, retraining, redeployment needs of the PPS. The WCC will make modifications to the roadmap where	Completed	5. The WCC, in collaboration with the training vendor, will continually review the workforce roadmap and assess the ongoing recruitment, retraining, redeployment needs of the PPS. The WCC will make modifications to the roadmap where	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
retraining, redeployment needs of the PPS. The WCC will make modifications to the roadmap where necessary.		necessary.							
Task 6. The WCC will update the PAC Executive annually on the progress made toward achieving the workforce target state and address any modifications that have been made to the original roadmap.	Completed	6. The WCC will update the PAC Executive annually on the progress made toward achieving the workforce target state and address any modifications that have been made to the original roadmap.	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	Completed	Current state assessment report & gap analysis, signed off by PPS workforce governance body.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Based on workforce needs, conduct a capacity and workforce shortage assessment to direct the roadmap towards highest areas of need.	Completed	1. Based on workforce needs, conduct a capacity and workforce shortage assessment to direct the roadmap towards highest areas of need.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 2. Expanding on the work product of the previous milestone the WCC will create a detailed process for monitoring gaps identified in the workforce.	Completed	2. Expanding on the work product of the previous milestone the WCC will create a detailed process for monitoring gaps identified in the workforce.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 3. WCC will conduct Current State Assessment and Gap analysis that evaluates changes in the workforce including roles, skills, and licensure requirements as well as opportunities for new hires, redeployment, or retraining of existing staff.	Completed	3. WCC will conduct Current State Assessment and Gap analysis that evaluates changes in the workforce including roles, skills, and licensure requirements as well as opportunities for new hires, redeployment, or retraining of existing staff.	02/15/2016	09/30/2016	02/15/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 4. Based on the results of the gap analysis the WCC, in collaboration with the finance committee, PAC Executive Committee and our workforce vendor, will review and refine the workforce strategy budget to ensure that sufficient funds are available for training and development of the workforce.	On Hold	4. Based on the results of the gap analysis the WCC, in collaboration with the finance committee, PAC Executive Committee and our workforce vendor, will review and refine the workforce strategy budget to ensure that sufficient funds are available for training and development of the workforce.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #4 Produce a compensation and benefit analysis,	Completed	Compensation and benefit analysis report, signed off by PPS workforce governance body.	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1	YES



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.									
<p>Task 1. Consistent with all labor laws, regulations, and Federal Trade Commission standards, the WCC in collaboration with our workforce vendor and other regional PPSs, will contract a third party to conduct an extensive review or will utilize information provided by a state-wide vendor (distribute surveys, collect information, and conduct follow-ups) of compensation for all levels of the workforce from community health workers through MD Psychiatrists.</p> <p>Note: The WCC will receive aggregate workforce data and analysis from the workforce vendor, but not provider specific salary or benefit information.</p>	Completed	<p>1. Consistent with all labor laws, regulations, and Federal Trade Commission standards, the WCC in collaboration with our workforce vendor and other regional PPSs, will contract a third party to conduct an extensive review or will utilize information provided by a state-wide vendor (distribute surveys, collect information, and conduct follow-ups) of compensation for all levels of the workforce from community health workers through MD Psychiatrists.</p> <p>Note: The WCC will receive aggregate workforce data and analysis from the workforce vendor, but not provider specific salary or benefit information.</p>	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1	
<p>Task 2. Once the aggregate data is received, the WCC will analyze the aggregate data by position, project, and employment status to determine workforce impact.</p>	Completed	2. Once the aggregate data is received, the WCC will analyze the aggregate data by position, project, and employment status to determine workforce impact.	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1	
<p>Task 3. The WCC will collaborate with the training vendor to develop retraining and re-deployment strategies to ensure appropriate placement for retrained and reassigned workers.</p>	Completed	3. The WCC will collaborate with the training vendor to develop retraining and re-deployment strategies to ensure appropriate placement for retrained and reassigned workers.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
<p>Task 4. The WCC will present the summary aggregate compensation and benefits analysis report to the PAC Executive Committee for review and approval.</p>	Completed	4. The WCC will present the summary aggregate compensation and benefits analysis report to the PAC Executive Committee for review and approval.	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1	
<p>Task 5. The WCC will develop a process, which will be approved by the PAC Executive Committee, to</p>	Completed	5. The WCC will develop a process, which will be approved by the PAC Executive Committee, to identify, track, and report quarterly all staff that are either partially or fully redeployed	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
identify, track, and report quarterly all staff that are either partially or fully redeployed within participating provider organizations.		within participating provider organizations.							
Milestone #5 Develop training strategy.	Completed	Finalized training strategy, signed off by PPS workforce governance body.	02/15/2016	09/30/2016	02/15/2016	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. The WCC will conduct an assessment of the PPSs existing workforce training programs via survey. This survey will be disseminated to all of AMCH PPS partners for completion.	Completed	1. The WCC will conduct an assessment of the PPSs existing workforce training programs via survey. This survey will be disseminated to all of AMCH PPS partners for completion.	02/15/2016	09/30/2016	02/15/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 2. The WCC in collaboration with the training vendor, will assess the workforce survey to identify any training gaps within the PPS.	Completed	2. The WCC in collaboration with the training vendor, will assess the workforce survey to identify any training gaps within the PPS.	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 3. The WCC, in collaboration with the training vendor and physician champions identified through the CQAC, will determine the areas of training to be further developed, as well as new training programs to be created.	Completed	3. The WCC, in collaboration with the training vendor and physician champions identified through the CQAC, will determine the areas of training to be further developed, as well as new training programs to be created.	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 4. The WCC will create a training plan that outlines strategies needed to improve existing training programs, as well as the new training programs that will be available throughout the PPS.	Completed	4. The WCC will create a training plan that outlines strategies needed to improve existing training programs, as well as the new training programs that will be available throughout the PPS.	02/15/2016	09/30/2016	02/15/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 5. The WCC will work with the Cultural Competency and Health Literacy Committee to ensure that training programs are culturally and linguistically appropriate.	Completed	5. The WCC will work with the Cultural Competency and Health Literacy Committee to ensure that training programs are culturally and linguistically appropriate.	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 6. The WCC will work with the CQAC to identify training needs resulting from integration of clinical services, especially primary and behavioral health and patient centered care.	Completed	6. The WCC will work with the CQAC to identify training needs resulting from integration of clinical services, especially primary and behavioral health and patient centered care.	02/15/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 7. The WCC will distribute the overall training	Completed	7. The WCC will distribute the overall training plan to the PAC Executive Committee for review and approval.	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
plan to the PAC Executive Committee for review and approval.									
Task 8. The WCC, in collaboration with the workforce training vendor and participating provider reporting requirements, will track the online training programs to ensure participating providers are utilizing workforce training programs.	On Hold	8. The WCC, in collaboration with the workforce training vendor and participating provider reporting requirements, will track the online training programs to ensure participating providers are utilizing workforce training programs.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 9. The WCC will develop a process for evaluating training outcomes and the effectiveness of all DSRIP training programs and will continually assess each program's effectiveness on a quarterly basis.	Completed	9. The WCC will develop a process for evaluating training outcomes and the effectiveness of all DSRIP training programs and will continually assess each program's effectiveness on a quarterly basis.	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Create a workforce transition roadmap for achieving defined target workforce state.	ayersl3	Other	1_DY2Q2_WF_MDL112_PRES2_OTH_Workforce Approvals_-_DY2Q2_7114.pdf	Workforce Approvals	10/27/2016 01:41 PM
	ayersl3	Policies/Procedures	1_DY2Q2_WF_MDL112_PRES2_P&P_Workforce Transition_Roadmap_Report_AMCH_PPS_-_Final_7113.pdf	Workforce Transition Roadmap	10/27/2016 01:40 PM
	ayersl3	Templates	1_DY2Q2_WF_MDL112_PRES2_TEMPL_Meeting_Schedule_Template-Workforce Transition_Roadmap_7112.xlsx	Meeting Schedule Template	10/27/2016 01:39 PM
Perform detailed gap analysis between current state assessment of workforce and projected future state.	ayersl3	Policies/Procedures	1_DY2Q2_WF_MDL112_PRES3_P&P_AMCH_PPS_Gap_Analysis_Report_-_Final_7124.pdf	Workforce Gap Analysis	10/27/2016 01:49 PM
	ayersl3	Other	1_DY2Q2_WF_MDL112_PRES3_OTH_Workforce Approvals_-_DY2Q2_7123.pdf	Workforce Approvals	10/27/2016 01:47 PM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop training strategy.	ayersl3	Templates	1_DY2Q2_WF_MDL112_PRES5_TEMPL_Training_Schedule_Template-Workforce-Training_Strategy_7105.xlsx	Training Template	10/27/2016 01:25 PM
	ayersl3	Other	1_DY2Q2_WF_MDL112_PRES5_OTH_Workforce Approvals_-_DY2Q2_7100.pdf	Workforce Approvals	10/27/2016 01:22 PM
	ayersl3	Policies/Procedures	1_DY2Q2_WF_MDL112_PRES5_P&P_AMCH_PP S_Workforce_Training_Strategy_-_Final_7099.pdf	Workforce Training Strategy	10/27/2016 01:20 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Define target workforce state (in line with DSRIP program's goals).	There are no updates to this milestone.
Create a workforce transition roadmap for achieving defined target workforce state.	<p>BDO Consulting (BDO), in collaboration with the AMCH PPS, developed the Workforce Transition Roadmap (the Roadmap). Using the Target Workforce State and Current Workforce State, BDO generated the Gap Analysis, which was used to identify gaps in the current workforce, along with strategies for closing those gaps through training, recruitment, and redeployment. The Roadmap highlights the need for integration among the various training strategies developed by the PPS, as they prove to be interdependent. It also describes the roles and titles most demanded by the projects, such as community health worker, care manager, patient navigator and primary care and behavioral health providers. The document speaks to the strategies and timelines the PPS will use for recruitment, training of new personnel, redeployment, and retraining.</p> <p>The Roadmap further describes plans for implementing the Cultural Competency and Health Literacy Strategy to create a culturally competent workforce and to address the health literacy of patients. The document will be used to assist the Workforce Coordinating Council (WCC) in shaping its approach to transforming the healthcare workforce across the PPS. It will be continually reviewed with the WCC, PPS Leadership, and the training vendor(s) to ensure it meets the ongoing needs of recruitment, retraining, and redeployment. The WCC will update the PPS annually on the progress made toward achieving the target workforce state and will provide information about any modifications made to the original roadmap.</p> <p>The Workforce Transition Roadmap was reviewed and approved by the Workforce Coordinating Council on September 30, 2016 via Constant Contact survey and by the PPS BOD by electronic vote on October 26, 2016.</p>
Perform detailed gap analysis between current state assessment of workforce and projected future state.	<p>The Workforce Coordinating Council (WCC), in collaboration with BDO Consulting (BDO), prepared the AMCH PPS Gap Analysis Report, detailing the variances between the Current Workforce State and the Target Workforce State. The Current Workforce State Report, which was finalized in June 2016, was developed based on the Compensation and Benefits survey analysis completed by Iroquois Healthcare Associates. The Target Workforce State Report was prepared by BDO and was also finalized in June 2016.</p> <p>The Gap Analysis details the unmet staffing needs at the project level that exist today based on the Target Workforce State Report, which considers both DSRIP and non-DSRIP related staffing changes anticipated through 2020. It includes information about emerging titles, such as patient navigator and community health worker. It also identifies titles/roles that may not require recruitment, but may instead require redeployment of positions to serve unmet needs in key facility types. Understanding the gaps between the current and future workforce states allows the PPS to plan for recruitment, redeployment and training/retraining needs that support project implementation and the development of the projected future state of the workforce. Using the gap analysis and the Workforce Transition Roadmap, reported staffing impacts will be used to monitor workforce changes, including the identified gaps in key positions.</p> <p>The Gap Analysis Report was unanimously approved by the WCC via Constant Contact survey on September 30, 2016. The analysis was also approved by the</p>



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	PPS BOD by electronic vote on October 26, 2016.
Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	There are no changes to this milestone.
Develop training strategy.	<p>The AMCH PPS Workforce Training Strategy (the Strategy) was developed by the Project Management Office, in collaboration with the members of the Workforce Coordinating Council (WCC), who represent labor unions, employers of various healthcare workers, training organizations and public health agencies. Additionally, the WCC worked with BDO Consulting (BDO), who developed the Gap Analysis and Workforce Transition Roadmap.</p> <p>The Strategy had several objectives, including plans for training individuals, as well as multi-disciplinary teams. The first was to align it with the training strategies designed to support Practitioner Engagement, Cultural Competency and Health Literacy, Performance Reporting, and Clinical Integration. It also aligns with the Workforce Transition Roadmap. Second, the Strategy aimed to capture project-specific and project-supportive training needs, trainings to address workforce shortages, and training to address potential redeployment related to DSRIP's impact on the workforce. Third, it describes the training implementation processes, including selection, evaluation and communication of training activities. The strategy will be revised and updated as needed to reflect the training needs of the PPS.</p> <p>As outlined in the Training Strategy, the WCC will continue to work with identified leaders from the Clinical and Quality Affairs Committee to further identify necessary training programs and existing programs in need of development. The WCC has also engaged with the Cultural Competency and Health Literacy Committee to develop a process for reviewing applicable trainings to ensure they are culturally and linguistically appropriate. The PPS will pilot its Learning Management System, HealthStream, in the coming months and will begin to report on the completion of online training modules. A process for training evaluation is included in the Strategy and will be tested through a PDSA approach based on the trainings provided in DY2Q2.</p> <p>Concurrent with the development of the Strategy, the WCC conducted a survey of existing training programs within the PPS. 54 partner organizations completed the assessment, which will be analyzed and presented to the WCC in November 2016 for discussion around identified gaps in training across the PPS. Additionally, the WCC also developed and approved training-related reporting and evaluation tools, which are being implemented using a PDSA approach. These tools will be continually evaluated and updated.</p> <p>The Strategy was unanimously approved by the WCC via Constant Contact survey as of September 30, 2016. The PPS BOD approved the document electronically on October 26, 2016.</p>

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Complete	
Milestone #4	Pass & Complete	
Milestone #5	Pass & Complete	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 11.3 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 11.4 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges and risks that you foresee in achieving the milestones set out above, including potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

Below is a list of recognized risks and approaches the PPS will undertake to mitigate those risks:

- Shortages in the workforce:
 - o We anticipate that there will be identified shortages of specific types of workers, especially as we undertake to introduce a new type of healthcare worker into the workforce. We hope to be able to mitigate this by training workers in this field prior to the planned deployment into the field. By accelerating the training of new categories of workers we hope to reduce the risk of having open jobs with a lack of qualified candidates.
- Shifting needs of the workforce:
 - o The needs of the workforce cannot be fully understood prior to project implementation. The PPS will undertake training and educational strategies in collaboration with our contracted workforce development vendor to prepare existing workers for the new opportunities that will be created by the DSRIP program.
- Lack of defined roles for new categories of workers:
 - o We will work with our workforce vendor to clearly define the roles of the new categories of workers and to develop appropriate training curriculum for these positions.
- Disparate training expectations of various performing provider organizations with conflicting Human Resources policies:
 - o While the PPS will not establish Human Resources policies for participating organizations, funded providers will have a contractual obligation requiring staff participation in training activities. We will work with unionized employees to enlist union support of training strategies.

✓ IPQR Module 11.5 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

The workforce work stream is dependent upon the following other work streams: Governance, Finance, Information Technology, Practitioner Engagement, Clinical Integration, and Cultural Competency and Health Literacy. Recognizing the dependence of all healthcare providers on their most important resource - their staff - everything we propose to do in DSRIP is dependent upon having a motivated, trained, and highly qualified staff engaged in the process. Dependence on Governance is related to decision making approvals for the actions and deliverables of the WCC. Finance impacts the WCC and the workforce work stream both in terms of budget support for deliverables and potential incentives to providers for training accomplishments. Workforce is dependent on Information Technology to provide online training, to conduct electronic assessments, and to collect and report data. Workforce is dependent upon practitioner engagement, clinical integration and cultural competency and health literacy for buy in and a commitment to address staff training needs.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 11.6 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PMO Workforce Contact	Zoe Isdell, Project Manager; Simone Brooks, Project Manager	Liaison between WCC and Workforce Training Vendor. Assist the WCC with the implementation of the workforce strategy deliverables and milestones.
WCC Chairperson	TBD	Facilitate workforce meetings, assist with milestones and deliverables, and present recommendations to the PAC Executive Committee for review and approval.
Workforce Vendor(s)	HealthStream, Iroquois Healthcare Association, BDO Consulting, Accenture	Assist the WCC with the training, recruitment, and redeployment of the PPS workforce. Will assist with the current and future workforce state analysis, as well as the gap analysis.
WCC Member	Albany Medical Center	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.
WCC Member	Columbia Memorial Hospital	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.
WCC Member	Saratoga Hospital	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.
WCC Member	1199SEIU	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.
WCC Member	Center for Disability Services	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.
WCC Member	AHEC	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.
WCC Member	HCDI	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.
WCC Member	Greene County Public Health	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.
WCC Member	Columbia County DOH	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 11.7 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved in your workforce transformation plans, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Albany Medical Center Hospital	Largest workforce employer in the PPS	Actively participate in assessment, training, coordination and staffing issues
PPS Participating Providers	Workforce representation across the PPS	Actively participate in assessment, training, coordination and staffing issues
Albany Medical Center Faculty Practice	Largest Provider workforce in the PPS	Actively participate in assessment, training, coordination and staffing issues
External Stakeholders		
Labor Unions	Provide needed input and guidance	Assistance as needed to ensure PPS includes appropriate levels of input from workforce
Unrepresented workers	Provide needed input and guidance	Assistance as needed to ensure PPS includes appropriate levels of input from workforce
Healthy Capital District Initiative (HCDI)	Coordinate training needs with PHIP and SHIP	Coordinated Curriculum and training schedule
Workforce training Vendor TBD	Coordinating development of training plan	Provision of training including evaluation of outcomes
Regional PPSs	Collaboration on workforce opportunities	Ongoing assistance in coordination of workforce initiatives



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✅ IPQR Module 11.8 - IT Expectations

Instructions :

Please describe how the development of shared IT infrastructure across the PPS will support your plans for workforce transformation.

Alignment between workforce and IT is critical to DSRIP success. Once our training strategy and plan are implemented, we will rely on IT platforms to track training progress (e.g. tracking completed training, when and what was trained and certifications achieved, etc.). This will require a Cross PPS reporting system to facilitate data collection and analysis. The AMCH PPS will execute the workforce transition roadmap by relying on IT capabilities to track staff movement and changes across the PPS (e.g. redeployed staff, net new hires). We will need a central IT system that is both capable of tracking workforce changes and gathering data and information related to these changes in a seamless and timely fashion. This system will also be necessary to report on measures for required quarterly progress reports. Finally, as we undertake this large-scale workforce transformation, a central IT system will enable the AMCH PPS to track open positions and staffing needs across the PPS by creating a jobs database that will allow workers the ability to see employment availability and opportunity across the member organizations.

✅ IPQR Module 11.9 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

Based on our approved training strategy, AMCH's PPS will collect data electronically from all participating providers on a quarterly basis in regards to the training provided, new hires, staff redeployment, and reassignment as well as un-met needs. AMCH will utilize project management software for this purpose. Training accomplishments including pre and post test training evaluations will be captured either from SAKAI (AMCH's online training portal) or our workforce training vendor. Additional documentation of adopted workforce strategies and operations will be provided from meeting minutes and other sources that demonstrate the PAC Executive Committee review and approval process. Success of the organizational work stream will be measured by the total number of workers that receive training or re-training. Additionally we will monitor employment levels and net-new workers added to the workforce. Specific gaps that are identified in the project plan will be monitored and success will be based on the progress in closing those gaps.



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 11.10 - Staff Impact

Instructions :

Please upload the Workforce Staffing Impact (Projections) and the Workforce Staffing Impact (Actuals) tables provided for quarterly reporting.

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ayersl3	Other	1_DY2Q2_WF_MDL1110_OTH_Narrative- _Staffing_Impact_Projections_7150.docx	Narrative - Impact Analysis - Projections	10/27/2016 02:26 PM
ayersl3	Other	1_DY2Q2_WF_MDL1110_OTH_Narrative- _Staffing_Impact_Actuals_7149.docx	Narrative - Impact Analysis - Actuals	10/27/2016 02:23 PM
ayersl3	Templates	1_DY2Q2_WF_MDL1110_TEMPL_AMCH_PPS_Workforce_Staffing_Impact_(Proj ections)_DY2Q2_7148.xlsx	Impact Analysis - Projections	10/27/2016 02:20 PM
ayersl3	Templates	1_DY2Q2_WF_MDL1110_TEMPL_AMCH_PPS_Workforce_Staffing_Impact_(Act uals)_DY2Q2_7143.xlsx	Impact Analysis - Actuals	10/27/2016 02:15 PM

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 11.11 - Workforce Strategy Spending (Quarterly):

Instructions :

Please include details on workforce spending for DY2. The workforce spending actuals should reflect only what was spent during the relevant quarters and is not cumulative across semi-annual periods. The PPS can shift funding across categories; e.g., from Retraining to New Hires. Please note that the "Cumulative Percent of Commitments Expended through Current DSRIP Year (DY2)" section is calculated based on the total yearly commitments.

Benchmarks	
Year	Amount(\$)
Total Cumulative Spending Commitment through Current DSRIP Year(DY2)	2,172,954.00

Funding Type	Workforce Spending Actuals		Cumulative Spending to Date (DY1-DY5)(\$)	Cumulative Percent of Commitments Expended through Current DSRIP Year (DY2)
	DY1(Q1/Q2)(\$)	DY1(Q3/Q4)(\$)		
Retraining	51,526.48	0.00	61,776.48	4.06%
Redeployment	0.00	0.00	0.00	0.00%
New Hires	0.00	0.00	16,150.48	13.93%
Other	459,016.92	0.00	985,141.92	259.08%
Total Expenditures	510,543.40	0.00	1,063,068.88	48.92%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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No Records Found

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 11.12 - IA Monitoring:

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project 2.a.i – Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management

✓ IPQR Module 2.a.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

The primary risk for clinical integration will be lack of participation from practitioners and leaders of healthcare organizations. Based on the CNA, care is neither integrated nor coordinated among the PPS service area. The absence of EHR Connectivity results in patients with co-morbidities who see several providers who may not routinely coordinate care with one another. Data sharing age restrictions will be a challenge for organizations serving pediatrics. P4P and VBP have not yet had a significant impact on the region, with less than 10% of the current payer contracts requiring risk sharing arrangements. Further challenges include: ineffective patient engagement/behavioral modification, the need for additional payer guidance, non-reimbursable costs of some services, costs of implementation, lack of data from private payers, OPWDD regulatory restrictions, lack of managed care services for the developmentally disabled, and the current shortage of BH providers. Integration of care delivery will require the differences in licensure, billing and compliance issues between article 28 & 31 providers to be minimized. Gaps in infrastructure/technology that prevent communication and care plan development between organizations will be a risk; only 40% of our partners are connected to HIXNY and only 1 in 5 participating PCP practices are NCQA PCMH Level 3 certified. The sheer volume of need for individuals, the workforce licensure, skill-set and the siloed nature of many CBOs will be a challenge to overcome. To mitigate these risks, we will:

- Facilitate ongoing collaboration between the TDMC, CQAC and provider stakeholders to ensure development of a sustainable, affordable and realistic plans for regional connectivity by building upon existing platforms to develop short-term solutions that will evolve to long-term sustainable technology interfaces.
- Provide seamless care for patients by increasing healthcare capacity through partnerships across all provider types, new access points and redeploying existing resources and workforce.
- Employ tele-health options and other emerging technologies to increase access in identified HPSAs.
- Assess VBP readiness of our partners to establish baseline data and ensure partners are prepared to align provider compensation to patient outcomes. AMCH PPS will incorporate risk based arrangements in contracts across the PPS to incentivize providers.
- Assist partners in developing population health strategies through the use of data analytics and risk stratification.
- Utilize current/future partners that have experience to develop risk based arrangements & population health management including care management and coordination.
- Draw on expertise of HH partners to help support integration strategies.
- Conduct monthly meetings with MCOs to discuss utilization issues, performance and payment reform.
- Engage patients through CBOs, peers, health workers, etc. to become partners and modify behavior to improve access and quality of care.
- Assess the PCP partners' readiness to certify as a level 3 PCMH through a team of experts who will coach, support and incentivize the PCPs through the process of obtaining this recognition.
- DSRIP training/education team will provide resources and materials to organizations that will improve understanding, collaboration, IDS and patient engagement. Materials will be developed as needed for patient compliance and distributed after review and approval by the CCHLC. Our workforce training vendor will provide training/resources for the current workforce to ensure there is a level of comfort with any additional



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

responsibilities.

- Develop, implement, and monitor clinical care guidelines to improve and standardize clinical integration across the network.
- Drive clinical integration through the alignment of incentives for participating providers.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✅ IPQR Module 2.a.i.2 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	DY2 Q2	Project	N/A	Completed	09/15/2015	09/30/2016	09/15/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.		Project		Completed	09/15/2015	12/31/2015	09/15/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:1. AMCH PMO will analyze the services offered within the PPS provider network to identify medical, behavioral health, post acute, long term care, community based, health home providers and health homes with whom the PPS can collaborate with to ensure a full continuum of care.		Project		Completed	10/12/2015	12/31/2015	10/12/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. AMCH PMO will engage participating providers by conducting regional stakeholder meetings, as needed, to encourage provider buy-in and collaboration for IDS implementation. In addition, the AMCH PMO will seek additional service providers, as needed, to address gaps identified from the analysis conducted in the previous step.		Project		Completed	10/26/2015	12/31/2015	10/26/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. AMCH PMO will meet with participating partners, including health homes, to establish clear expectations regarding: performance indicators, utilization, quality metrics and payment reform, methodologies to incentivize behavior, implementation plan milestones, and allocation/sharing of existing resources within the PPS.		Project		Completed	02/16/2016	06/30/2016	02/16/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:4. AMCH PMO will meet with payers and social service agencies, as necessary, and enter into working relationships		Project		Completed	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
and/or consulting arrangements to further IDS implementation.										
Task M1:5. AMCH PMO will develop and disseminate participation agreements with the provider network to define the rules, regulations, and responsibilities of all parties. Once completed, these agreements will form the basis of participation for the duration of the DSRIP program.		Project		Completed	09/15/2015	09/30/2016	09/15/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:6. Signed participation agreements will be completed by September 2016.		Project		Completed	09/15/2015	09/30/2016	09/15/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	DY2 Q2	Project	N/A	Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS produces a list of participating HHs and ACOs.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. AMCH PMO will create a list of participating health home providers in the PPS network.		Project		Completed	09/07/2015	12/21/2015	09/07/2015	12/21/2015	12/31/2015	DY1 Q3
Task M2:1. AMCH PMO will survey participating providers and HHs/ACOs to obtain current IT networking capabilities.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:2. AMCH PMO will identify and assess current capabilities of partnering HHs and utilize baseline information to analyze gaps and identify opportunities for improvement/evolution of HH to IDS.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:3. Based on the IT roadmap, AMCH PMO will incorporate a strategy to integrate health home management systems into the population health management system of the IDS.		Project		Completed	10/19/2015	06/30/2016	10/19/2015	06/30/2016	06/30/2016	DY2 Q1
Task M3:1. AMCH PMO will routinely hold engagement meetings with payers, participating providers, social service agencies,		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
community based organizations, and others to develop collaborative care practices during the transformation process.										
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	DY2 Q2	Project	N/A	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Clinically Interoperable System is in place for all participating providers.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS trains staff on IDS protocols and processes.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:5. Utilizing the IT-TOM pilot experience, design the PPS-wide		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
future state connectivity model.										
Task M1:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.		Project		Completed	02/12/2016	09/30/2016	02/12/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task M2:1. AMCH PMO will identify the current state of care coordination, services and workflow. AMCH PMO will create the future state of what collaboration linkages need to be created to ensure successful implementation over the DSRIP five year program.		Project		Completed	10/05/2015	06/30/2016	10/05/2015	06/30/2016	06/30/2016	DY2 Q1
Task M2:2. AMCH PMO will complete a gap-analysis utilizing the current state assessment and defined future state and, working in collaboration with partners, develop an action plan for the implementation of the IDS model.		Project		Completed	10/05/2015	06/30/2016	10/05/2015	06/30/2016	06/30/2016	DY2 Q1
Task M2:3. AMCH PMO will implement the approved action plan utilizing the PDSA approach.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:4. AMCH PMO will monitor ongoing performance, analyze clinical and operational outcomes and identify timelines/practice sites for spread of successful tests of change.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:5. AMCH PMO, in collaboration with the CQAC, will conduct a thorough review of existing care management and coordination protocols to select nationally recognized best practices to meet various project requirements and milestones required for transformation and patient engagement.		Project		Completed	10/05/2015	06/30/2016	10/05/2015	06/30/2016	06/30/2016	DY2 Q1
Task M2:6. AMCH PMO, in collaboration with the TDMC, will build upon existing platforms and develop short-term solutions for integration including protocols in place for care coordination and processes for tracking care outside of hospitals to ensure care follow up.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task		Project		Completed	12/01/2015	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M2:7. AMCH PMO in collaboration with the CCAC will conduct consumer focus groups and surveys regularly to understand the level of patient engagement and PCP utilization.										
Task M3:1. CQAC will create a behavioral health subcommittee to ensure that mental health and substance abuse providers are participating in the IDS.		Project		Completed	10/12/2015	09/30/2016	10/12/2015	09/30/2016	09/30/2016	DY2 Q2
Task M3:2. Based on the protocols in place, AMCH PMO will analyze monthly utilization data by provider group to determine whether patients have utilized services and are active in care. In addition, systems will be developed to ensure referrals to necessary appointments are made, results are communicated promptly, missed appointments are identified and proactive steps are made to access necessary care.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M3:3. AMCH PMO will track the utilization patterns of the IDS to ensure that partnering providers are accessing the system platform.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M3:4. Based off of the Salient Interactive Minor tool, the AMCH PMO will review provider specific data monthly to determine mental health providers with high Medicaid claims, patient utilization and engagement in care.		Project		Completed	06/06/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M4:1. AMCH PMO in collaboration with the WCC will provide training regarding IDS protocols and processes.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	DY2 Q2	Project	N/A	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	<u>Safety Net Practitioner - Primary Care Provider (PCP)</u>	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2

Providers Associated with Completion:

Assevero Anna-Maria D Md; Bala Virinchi; Baldini Gleda P Md; Brown Sheryl; Clark Catherine Nielsen; Ditursi Mary Kathleen Williams; Harde Hasmukh C Md; Hechanova Arnel B Md; James Philip C Md; Kelleher Ruth Ellen; Litwa Wallin J Do; Mack Brigid; Madala Padmaja Md; Manjunath Kallanna Md; Miller Marilyn; O'Brien Joanne Elizabeth; Owen Claudina; Paeglow Robert John Md; Ray David Allan Md; Sacco Joseph P Md; Sgarlata Donna L; Sheehan Rebecca; Signor Connie J; Stein Rhonda Danielle Md; Stetzer Lee; Tomiak Henry P Jr Md; Vasquez Deborah A Md; Young Linda; Zeltner Theodore Harold Md



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	<u>Safety Net Practitioner - Non-Primary Care Provider (PCP)</u>	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:										
Bailey Laura M; Burns Lisa Marie; Cavaliere Rosella Md; Chank Shelly M; Ciccateri Ruth A; Dodd Jack Edward Jr; Drzymalski Jolanta; Ehrenberg Eileen; Fields Jennifer L; Friedman Cynthia Susan; Gara Maureen; Gsell Jennifer Lee; Guccione Angela Lee Md; Hausman Julia H; Heysler Rebecca A Np; Hinds Marcel Eldon Md; Hollowell Jean Gaye Md; Kamenir Steven A Md; Kang Harriet Md; Kee Elaine F; Lawlor Pamela J; Marici Edward M Do; Martin Mary Anne; Mason Appleton Adams Iii; Miller Nelson L Md; Murawski Julie Lynn; Nordhauser Micaela Urbano; Pliscosky Gail; Priest Michael Richard; Riccio Alexandra; Rizzo Christopher J Md; Roldan Ernesto; Samenfeld-Specht James; Scherer Harvey D; Steindler Jason Harrison; Suna Carla Joyce; Weinberg Gerard Md; Williams Marguerite H; Wintle Catherine Ann										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	<u>Safety Net Hospital</u>	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:										
Albany Medical Ctr Hospital; Columbia Memorial Hospital										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	<u>Safety Net Mental Health</u>	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:										
Albany Cnty Dept Child Family; Albany Medical Ctr Hospital; Columbia Memorial Hospital; Dodd Jack Edward Jr; Ehrenberg Eileen; Mha Of Columbia-Greene Mh; Nordhauser Micaela Urbano; Northeast Parent Child Societ; P R O M E S A; Parsons Child And Family Ctr; Priest Michael Richard; Rehabilitation Supp Svcs C; Roldan Ernesto; Samenfeld-Specht James; Scherer Harvey D; Ulster-Greene Arc										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	<u>Safety Net Nursing Home</u>	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:										
Albany County Nursing Home; Kaaterskill Care Skilled Nrs & Reh; St Margarets Center										
Task PPS uses alerts and secure messaging functionality.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.		Project		Completed	02/12/2016	09/30/2016	02/12/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task M2:1. Perform a current state assessment on the interconnected systems' ability to send, receive and use alerts and secure messages to facilitate timely care coordination and management.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M2:2. Define the future state and select appropriate vendor for implementation of alerts and secure messaging functionality by clinicians and staff across the Integrated Delivery System for safe and effective care transitions between EDs, hospitals, specialists and PCMH sites.		Project		Completed	12/05/2015	06/27/2016	12/05/2015	06/27/2016	06/30/2016	DY2 Q1
Task M2:3. Conduct a gap analysis between current state and future state of using alerts and secure messaging functionalities for timely care coordination.		Project		Completed	02/12/2016	09/30/2016	02/12/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:4. Implement training and secure messaging to support the use of alerts across the PPS.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:5. Implement the necessary technical and operational system changes as required by the selected vendor for the use of alerts and secure messaging across the PPS.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY2 Q2	Project	N/A	In Progress	10/05/2015	09/30/2016	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	10/05/2015	09/30/2016	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. Perform a current state assessment of participating safety-net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2. Develop a practice-specific action plan to implement necessary changes to workflows and documentation to improve performance on achieving the MU Stage 2 requirements.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:3. Ensure clinician and staff training on new processes is conducted.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of NCQA 2014 Level 3 PCMH recognition or APCM by DY3.		Project		In Progress	10/19/2015	09/30/2016	10/19/2015	03/31/2018	03/31/2018	DY3 Q4
Task M2:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving NCQA 2014 Level 3 PCMH recognition or APCM.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home, as well as current certifications.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task		Project		In Progress	04/01/2015	03/31/2020	07/01/2016	03/31/2018	03/31/2018	DY3 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M2:4. Perform a practice-specific gap analysis to determine the needed financial, technical and operational support needed to ensure successful recognition by DY3.										
Task M2:5. Based on the gap analysis, establish priorities and develop a practice-specific action plan to achieve the recognition and transform the care delivery model.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA 2014 Level 3 certified or APCM.		Project		In Progress	12/07/2015	09/30/2016	12/07/2015	03/31/2018	03/31/2018	DY3 Q4
Task M2:7. Assign to participating practice leadership, specific roles, responsibilities and timelines to implement the action plan effectively and achieve the recognition by DY 3.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:8. Monitor progress on a monthly basis to evaluate and assess needed additional resources to support practice transformation.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:9. Track site-specific certification to assure all participating safety-net providers become NCQA 2014 Level 3 PCMH certified or APCM.		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	DY2 Q2	Project	N/A	Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. The EHR sub-committee will articulate the scope, objectives and requirements of an effective patient tracking system to support an effective population health management strategy across PPS entities.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.		Project		Completed	04/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. Establish a central resource to support the needs of the PPS and individual organizations/practices to track their population groups for population health management needs.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:5. Generate required reports on the performance of individual and population health interventions implemented by the practice teams.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all eligible participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	DY2 Q2	Project	N/A	In Progress	08/15/2015	09/30/2016	08/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.		Project		Completed	08/15/2015	09/30/2016	08/15/2015	09/30/2016	09/30/2016	DY2 Q2
Task All eligible practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	08/15/2015	09/30/2016	08/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)		Project		Completed	08/15/2015	09/30/2016	08/15/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Analyze PHI data, Salient Interactive Minor, and the CNA to identify current utilization patterns, high-risk areas and sites where the attributed patients receive primary care services.		Project		Completed	08/15/2015	09/30/2016	08/15/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. Create and complete a comprehensive provider readiness tool to assess infrastructure, capacity, workforce, data security, and PCMH status to ensure patient accessibility.		Project		Completed	10/19/2015	09/30/2016	10/19/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:3. Identify gaps in capacity and services rendered to determine strategies to address health disparities in high need areas and capacity shortages across the PPS network.		Project		Completed	11/02/2015	09/30/2016	11/02/2015	09/30/2016	09/30/2016	DY2 Q2
Task		Project		Completed	02/05/2016	09/30/2016	02/05/2016	09/30/2016	09/30/2016	DY2 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:4. Collaborate with overlapping PPSs to evaluate network capacity across the region to coordinate patient needs.										
Task M1:5. Monitor capacity in PCP sites to ensure that patients seeking services have improved access to care.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. AMCH PMO and PPS partners will identify opportunities to increase access, particularly in communities most underserved, through innovative funding strategies and workforce development.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY3.		Project		In Progress	10/19/2015	09/30/2016	10/19/2015	03/31/2018	03/31/2018	DY3 Q4
Task M2:2. Implement training sessions for senior leaders, clinicians, and staff to learn about the benefits of achieving NCQA 2014 Level 3 PCMH recognition or APCM.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home, as well as current certifications.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:4. Perform a practice-specific gap analysis to determine the financial, technical, and operational support needed to ensure successful recognition by DY3.		Project		In Progress	04/01/2015	03/31/2020	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M2:5. Based on the gap analysis, AMCH PMO will establish priorities and develop a practice specific action plan to achieve and transform the care delivery model.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM.		Project		In Progress	12/07/2015	09/30/2016	12/07/2015	03/31/2018	03/31/2018	DY3 Q4
Task M2:7. Assign specific roles and responsibilities for the participating practice leadership, and timelines to implement the action plan effectively, and achieve the recognition by DY3.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M2:8. Monitor progress on a monthly basis to evaluate needed additional resources to support practice transformation.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:9. Track site-specific certification to ensure all participating safety-net providers become Level 3 PCMH certified or APCM.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:1. Perform a current state assessment of participating safety-net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M3:2. Develop a practice-specific action plan to implement necessary changes to workflows to improve performance on achieving the MU Stage 2 requirements.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M3:3. Ensure clinician and staff training on new processes is conducted.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M3:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	DY2 Q2	Project	N/A	Completed	01/11/2016	09/30/2016	01/11/2016	09/30/2016	09/30/2016	DY2 Q2
Task Medicaid Managed Care contract(s) are in place that include value-based payments.		Project		Completed	01/11/2016	09/30/2016	01/11/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to evaluate current contractual arrangements with payers for possible amendments to support VBP.		Project		Completed	01/11/2016	09/30/2016	01/11/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to develop a framework for VBP that can be applied across the regional provider network.		Project		Completed	02/08/2016	06/30/2016	02/08/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:3. AMCH PMO will work with Medicaid MCOs to implement the VBP roadmap following appropriate Federal and State laws, regulations and guidelines.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:4. AMCH PMO will work with its provider network to provide technical support and assistance to amend existing fee-for-service contracts.										
Task M1:5. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to negotiate required contracts with payers.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	DY2 Q2	Project	N/A	Completed	07/06/2015	09/30/2016	07/06/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.		Project		Completed	07/06/2015	09/30/2016	07/06/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. AMCH PMO, in collaboration with AMCH Integrated Delivery Systems Department, will discuss utilization trends, performance issues, and payment reform during monthly meetings with managed care organizations.		Project		Completed	10/26/2015	09/30/2016	10/26/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. AMCH PMO will engage Medicaid MCOs in broader areas of concern to the PPS, including financial sustainability, risk sharing, and compliance with competitive behaviors.		Project		Completed	07/06/2015	09/30/2016	07/06/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	DY2 Q2	Project	N/A	Completed	09/30/2015	09/30/2016	09/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation		Project		Completed	09/30/2015	09/30/2016	09/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.		Project		Completed	09/30/2015	09/30/2016	09/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. AMCH PMO will analyze relevant documentation and information to understand compensation related to patient diagnosis and outcomes.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. AMCH PMO will draw on the expertise of existing and future partners regarding risk-based arrangements and population-health management to move toward VBP reform.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:3. AMCH PMO will develop a strategic roadmap to transition compensation from current RVU-based models to performance based models that address ways to incentivize behavior to facilitate the change. The resulting plan will involve finance, practitioners and payers to restructure to incentive-based compensation across the provider network.										
Task M2:1. On a quarterly basis, AMCH PMO will analyze organizational performance and patient outcomes to determine the amount of incentive-based payments to be disseminated to organizations who meet or exceed DSRIP goals and objectives.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:2. AMCH Finance Committee will monitor incentive payments to adhere to the funds flow model in order to appropriately distribute funds consistent with achieved values across the provider network.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	DY2 Q2	Project	N/A	Completed	08/10/2015	09/30/2016	08/10/2015	09/30/2016	09/30/2016	DY2 Q2
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.		Project		Completed	08/10/2015	09/30/2016	08/10/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. AMCH WCC will define a target workforce state in line with the DSRIP program goals for community health workers and community based organizations.		Project		Completed	08/10/2015	10/31/2015	08/10/2015	10/31/2015	12/31/2015	DY1 Q3
Task M1:2. AMCH WCC will assess the current capabilities and systems in place for providing community health worker/community based organization services for outreach and navigation activities.		Project		Completed	08/24/2015	10/31/2015	08/24/2015	10/31/2015	12/31/2015	DY1 Q3
Task M1:3. AMCH WCC will create a workforce transition roadmap based on the identified gaps to align and build community health worker capacity to meet the outreach and navigation needs.		Project		Completed	02/15/2016	09/30/2016	02/15/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. AMCH PMO will evaluate patient satisfaction with community outreach and navigation services to modify the delivery system as necessary and appropriate.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2

**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)



Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:5. Working with CBOs, the CCAC, CCHLC and WCC, the AMCH PMO will develop a culturally appropriate project-based care coordination team that may include care navigators, peer educators, and/or community health workers for outreach and navigation activities.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:6. Based on the identified needs of the engaged patients, the CCAC will develop a community engagement plan that will include key community stakeholders and discuss action steps necessary to ensure patients are engaged in the IDS.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	mcintyc	Other	1_DY2Q2_PROJ2ai_MDL2ai2_PRES1_OTH_2ai_Milestone_1_Remediation_Narrative_-_FINAL_7723.docx	2ai Milestone 1 Remediation Narrative	12/13/2016 10:34 AM
	mcintyc	Rosters	1_DY2Q2_PROJ2ai_MDL2ai2_PRES1_ROST_Contracted_Organizations_Master_Roster_POA-BAA-MSA_7722.xlsx	Contracted Organizations Master Roster_POA-BAA-MSA	12/13/2016 10:34 AM
	mcintyc	Rosters	1_DY2Q2_PROJ2ai_MDL2ai2_PRES1_ROST_AMCH_PPS_PIT_DY2Q2v2_7721.csv	AMCH PPS PIT DY2Q2v2	12/13/2016 10:33 AM
	ayersl3	Other	1_DY2Q2_PROJ2ai_MDL2ai2_PRES1_OTH_Contracted_Orgs_7385.xlsx	Contracted Organizations	10/28/2016 03:35 PM
Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	mcintyc	Other	1_DY2Q2_PROJ2ai_MDL2ai2_PRES10_OTH_2ai_Milestone_10_Remediation_Documentation_-_Ready_to_Submit_7726.pdf	2ai Milestone 10 Remediation Documentation	12/13/2016 10:39 AM
	mcintyc	Documentation/Certification	1_DY2Q2_PROJ2ai_MDL2ai2_PRES10_DOC_2.a.i_Milestone_10_Metric_2_6369.pdf	AMCH PPS 2ai Milestone 10 Metric 2	10/21/2016 02:02 PM
	mcintyc	Documentation/Certification	1_DY2Q2_PROJ2ai_MDL2ai2_PRES10_DOC_2.a.i_Milestone_10_Metric_1_6368.pdf	AMCH PPS 2ai Milestone 10 Metric 1	10/21/2016 02:01 PM
Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	mcintyc	Other	1_DY2Q2_PROJ2ai_MDL2ai2_PRES11_OTH_2ai_Milestone_11_Remediation_Narrative_7863.pdf	2ai Milestone 11 Remediation Narrative	12/15/2016 10:13 AM
	mcintyc	Other	1_DY2Q2_PROJ2ai_MDL2ai2_PRES11_OTH_2.a.i_Milestone_11_Remediation_Documents_7862.pdf	2.a.i Milestone 11 Remediation Documents	12/15/2016 10:13 AM
	ayersl3	Other	1_DY2Q2_PROJ2ai_MDL2ai2_PRES11_OTH_Milestone_11_Documentation_-_List_of_CBOs_Utilized_in_IDS_7069.xlsx	Contracted CBOs	10/27/2016 12:27 PM
Utilize partnering HH and ACO population health	mcintyc	Other	1_DY2Q2_PROJ2ai_MDL2ai2_PRES2_OTH_2ai_Miles	2ai Milestone 2 Remediation Narrative	12/15/2016 10:02 AM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.			tone_2_Remediation_Narrative_7856.pdf		
	mcintyc	Other	1_DY2Q2_PROJ2ai_MDL2ai2_PRES2_OTH_2.a.i_Milestone_2_Remediation_Documents_7855.pdf	2.a.i Milestone 2 Remediation Documents	12/15/2016 10:01 AM
	mcintyc	Meeting Materials	1_DY2Q2_PROJ2ai_MDL2ai2_PRES2_MM_Practitioner_Engagement_DY1Q4_Meeting_Schedule_-_Evidence_of_CI_Accenture_Work_1.1.2016-3.31_6957.xlsx	AMCH PPS PE DY1Q4 CI Accenture	10/27/2016 09:46 AM
	mcintyc	Meeting Materials	1_DY2Q2_PROJ2ai_MDL2ai2_PRES2_MM_Clinical_Integration_DY2Q1_Organizations_to_be_Integrated_4.1.2016-6.30_6956.xlsx	CI DY2Q1 Organizations to be Integrated	10/27/2016 09:45 AM
	mcintyc	Meeting Materials	1_DY2Q2_PROJ2ai_MDL2ai2_PRES2_MM_Clinical_Integration_DY2Q1_Meeting_Schedule_4.1.2016-6.30_6954.xlsx	AMCH PPS CI DY2Q1 Meeting Schedule	10/27/2016 09:43 AM
	mcintyc	Other	1_DY2Q2_PROJ2ai_MDL2ai2_PRES2_OTH_Sample_Documentation_6953.pptx	AMCH PPS periodic progress reports HH in IDS	10/27/2016 09:42 AM
	mcintyc	Rosters	1_DY2Q2_PROJ2ai_MDL2ai2_PRES2_ROST_AMCH_PPS_HH_and_Downstream_providers_6951.xlsx	AMCH PPS HH and Downstream providers M1	10/27/2016 09:40 AM
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	mcintyc	Training Documentation	1_DY2Q2_PROJ2ai_MDL2ai2_PRES3_TRAIN_AMCH_PPS_CI_Training_and_sign_in_(combined_from_original_submission)_7859.pdf	AMCH PPS CI Training and sign in (combined from original submission)	12/15/2016 10:08 AM
	mcintyc	Other	1_DY2Q2_PROJ2ai_MDL2ai2_PRES3_OTH_2ai_Milestone_3_Remediation_Narrative_7858.pdf	2ai Milestone 3 Remediation Narrative	12/15/2016 10:07 AM
	mcintyc	Other	1_DY2Q2_PROJ2ai_MDL2ai2_PRES3_OTH_2.a.i_Milestone_3_Remediation_Documents_7857.pdf	2.a.i Milestone 3 Remediation Documents	12/15/2016 10:04 AM
	mcintyc	Templates	1_DY2Q2_PROJ2ai_MDL2ai2_PRES3_TEMPL_Training_Schedule_Template_-_Technology_and_Data_Management_DY2Q2_6986.xlsx	AMCH PPS Training Schedule Template	10/27/2016 10:43 AM
	mcintyc	Templates	1_DY2Q2_PROJ2ai_MDL2ai2_PRES3_TEMPL_AMCH_PPS_IT_Meeting_Schedule_Template_6985.xlsx	AMCH PPS IT Meeting Schedule Template	10/27/2016 10:41 AM
	mcintyc	Training Documentation	1_DY2Q2_PROJ2ai_MDL2ai2_PRES3_TRAIN_AMCH_PPS_IT_Training_Materials_6983.pdf	AMCH PPS IT Training Materials	10/27/2016 10:40 AM
	mcintyc	Rosters	1_DY2Q2_PROJ2ai_MDL2ai2_PRES3_ROST_2.b.iii_Registries_6980.xlsx	AMCH PPS 2biii registries	10/27/2016 10:36 AM
	mcintyc	Other	1_DY2Q2_PROJ2ai_MDL2ai2_PRES3_OTH_Data_Source_-_Metric_2_-_AMCH_PPS_-_Enterprise_Arch_v5_23_16_FINAL_6978.PPTX	AMCH PPS Enterprise Arch	10/27/2016 10:34 AM
	mcintyc	Other	1_DY2Q2_PROJ2ai_MDL2ai2_PRES3_OTH_Data_Source_-_Metric_2_-_	AMCH PPS Process Flow	10/27/2016 10:33 AM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			_AMCH_DSRIP_Process_Flow_w_Tech_FINAL_6977.pdf		
	mcintyc	EHR/HIE Reports and Documentation	1_DY2Q2_PROJ2ai_MDL2ai2_PRES3_EHR_Supporting_Documentation_6972.pptx	AMCH PPS HIE process workflow	10/27/2016 10:29 AM
Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	mcintyc	Other	1_DY2Q2_PROJ2ai_MDL2ai2_PRES4_OTH_2ai_Milestone_4_Remediation_Narrative_7861.pdf	2ai Milestone 4 Remediation Narrative	12/15/2016 10:11 AM
	mcintyc	EHR/HIE Reports and Documentation	1_DY2Q2_PROJ2ai_MDL2ai2_PRES4_EHR_AMCH_PPS_Remediation_Evidence_of_DIRECT_7860.pdf	AMCH PPS Remediation Evidence of DIRECT	12/15/2016 10:10 AM
	ayersl3	EHR/HIE Reports and Documentation	1_DY2Q2_PROJ2ai_MDL2ai2_PRES4_EHR_Binder_of_Certification_Letters_7016.pdf	EHR vendor documentation	10/27/2016 11:31 AM
	ayersl3	Other	1_DY2Q2_PROJ2ai_MDL2ai2_PRES4_OTH_AMCH_PPS_Signed_Hixny_Agreements_by_Project_9_30_16_7014.pdf	Metric 1 - Hixny agreements/LOI	10/27/2016 11:29 AM
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	ayersl3	Documentation/Certification	1_DY2Q2_PROJ2ai_MDL2ai2_PRES5_DOC_PCMH_Certifications_7028.pdf	Metric 2 - PCMH certifications	10/27/2016 11:40 AM
	ayersl3	Other	1_DY2Q2_PROJ2ai_MDL2ai2_PRES5_OTH_Metric_Two_Level_3_2014_PCMH_Certified_Providers_7024.xlsx	Metric 2 - PCMH providers	10/27/2016 11:39 AM
	ayersl3	Documentation/Certification	1_DY2Q2_PROJ2ai_MDL2ai2_PRES5_DOC_Binder_of_Certification_Letters_7018.pdf	Metric 1 - EHR documentation	10/27/2016 11:34 AM
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	mcintyc	Other	1_DY2Q2_PROJ2ai_MDL2ai2_PRES6_OTH_2ai_Milestone_6_Metric_1_Remediation_Narrative_FINAL_7737.docx	2ai Milestone 6 Metric 1 Remediation Narrative	12/13/2016 11:02 AM
	mcintyc	Templates	1_DY2Q2_PROJ2ai_MDL2ai2_PRES6_TEMPL_AMCH_Asthma_Roadmap_Registry_and_CVD_EHR_Registry_7736.pdf	AMCH Asthma Roadmap Registry and CVD EHR Registry	12/13/2016 11:01 AM
	mcintyc	Screenshots	1_DY2Q2_PROJ2ai_MDL2ai2_PRES6_SS_Saratoga_Hospital_DSRIP_9-30(PMH)_7735.pdf	Saratoga Hospital DSRIP 9-30(PMH).	12/13/2016 10:58 AM
	mcintyc	Screenshots	1_DY2Q2_PROJ2ai_MDL2ai2_PRES6_SS_Partner_Hixny_alerts_example_of_tracking_patients_seen_in_ED_pg_4_7734.pdf	Partner Hixny alerts example of tracking patients seen in ED pg 4	12/13/2016 10:57 AM
	mcintyc	Screenshots	1_DY2Q2_PROJ2ai_MDL2ai2_PRES6_SS_Partner_example_of_tracking_actively_engaged_patients_5As_shared_via_hixny_7733.pdf	Partner example of tracking actively engaged patients 5As shared via hixny	12/13/2016 10:57 AM
	mcintyc	Screenshots	1_DY2Q2_PROJ2ai_MDL2ai2_PRES6_SS_Partner_example_of_EMR_Configuration_for_Asthma_action_plans_and_tracking_patients_7732.pdf	Partner example of EMR Configuration for Asthma action plans and tracking patients	12/13/2016 10:56 AM
	mcintyc	Screenshots	1_DY2Q2_PROJ2ai_MDL2ai2_PRES6_SS_Partner_ED_alerts_for_tracking_actively_engaged_patients_seen	Partner ED alerts for tracking actively engaged patients seen in ED pg.6.	12/13/2016 10:56 AM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			_in_ED_pg.6_7731.pdf		
	mcintyc	Screenshots	1_DY2Q2_PROJ2ai_MDL2ai2_PRES6_SS_CMH_making_appts_for_patients_when_leaving_ED_7730.pdf	CMH making appts for patients when leaving ED	12/13/2016 10:55 AM
	ayersl3	Templates	1_DY2Q2_PROJ2ai_MDL2ai2_PRES6_TEMPL_Registry_Templates_7050.xlsx	Registry Templates	10/27/2016 12:01 PM
	ayersl3	Templates	1_DY2Q2_PROJ2ai_MDL2ai2_PRES6_TEMPL_Patient_Engagement_Templates_7049.xlsx	Patient Engagement Templates	10/27/2016 12:00 PM
Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all eligible participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	mcintyc	EHR/HIE Reports and Documentation	1_DY2Q2_PROJ2ai_MDL2ai2_PRES7_EHR_Binder_of_Certification_Letters_7167.pdf	AMCH PPS EHR Certification Letters	10/27/2016 03:02 PM
	mcintyc	Documentation/Certification	1_DY2Q2_PROJ2ai_MDL2ai2_PRES7_DOC_AMCH_PPS_PCMH_Status_7163.pdf	AMCH PPS PCMH Status	10/27/2016 02:58 PM
	mcintyc	Other	1_DY2Q2_PROJ2ai_MDL2ai2_PRES7_OTH_AMCH_PPS_Primary_Care_Plan_FINAL_DRAFT_7144.DOCX	AMCH PPS Primary Care Plan	10/27/2016 02:16 PM
Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	mcintyc	Other	1_DY2Q2_PROJ2ai_MDL2ai2_PRES8_OTH_2ai_Milestone_8_Remediation_Documentation_-_Ready_to_Submit_7724.pdf	2ai Milestone 8 Remediation Documentation	12/13/2016 10:37 AM
	mcintyc	Templates	1_DY2Q2_PROJ2ai_MDL2ai2_PRES8_TEMPL_2.a.i._Milestone_8_6357.xlsx	AMCH PPS 2ai Milestone 8 (two tabs)	10/21/2016 01:41 PM
Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	mcintyc	Other	1_DY2Q2_PROJ2ai_MDL2ai2_PRES9_OTH_2ai_Milestone_9_Remediation_Documentation_-_Ready_to_Submit_7725.pdf	2ai Milestone 9 Remediation Documentation	12/13/2016 10:38 AM
	mcintyc	Meeting Materials	1_DY2Q2_PROJ2ai_MDL2ai2_PRES9_MM_Integrated_Systems_Delivery_Department_VBP_meetings_6364.xlsx	AMCH PPS Integrated Systems Delivery Department VBP Meetings	10/21/2016 01:46 PM
	mcintyc	Meeting Materials	1_DY2Q2_PROJ2ai_MDL2ai2_PRES9_MM_VBP_Workgroup_Meeting_Schedule_Template_6363.xlsx	AMCH PPS VBP Workgroup Meeting Schedule	10/21/2016 01:45 PM
	mcintyc	Meeting Materials	1_DY2Q2_PROJ2ai_MDL2ai2_PRES9_MM_2.a.i._Milestone_9_Meeting_Materials_6361.pdf	AMCH PPS 2ai Milestone 9 Meeting Materials	10/21/2016 01:44 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	In an effort to create an interoperable, collaborative and functional Integrated Delivery System (IDS), the AMCH PPS has remained committed to ensuring that all participating providers, covering the 11 selected projects, review and formally execute the appropriate documentation affiliated with the approved-upon three part contracting structure. Once an organization formally attests to joining the AMCH PPS Network, it is mandatory that in order to officially partake in any of the DSRIP initiatives that a Partnering Organization Agreement (POA), Business Associates Agreement (BAA), and Master Project Agreement (MPA/Exhibits) are in place with the PPS. The POA functions as a base contract and is durable for the entire length of the DSRIP Program; it is standard for all providers with the exception of some government agencies, yet there are no funds connected to the agreement. Providing protection of and adherence to PHI protocols and DEAA compliance, the BAA allows



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	<p>for the exchange of confidential PHI between providers and the AMCH PPS. The BAA, similar to the POA, has no funding implications. Lastly, all MPAs are executed with each new phase of contracting and include deliverables and funding. The Exhibit defines Domain 1 participation, establishes base funding, and defines reporting and participation standards based on provider type and organizational size, among other variables. Prior to the formal execution of any of the above documents, the AMCH PPS has carefully ensured that every organization understands the terms of each agreement in its entirety by providing a thorough and transparent training while encouraging partners to ask any and all questions and/or share their concerns in a constructive manner.</p> <p>Currently, a total of 81 organizations have formally executed the POA and BAA. 61 organizations have executed all three parts of the contractual agreement. Given that the AMCH PPS understands the significance around inclusivity and diversity when it comes to building the network portfolio, the provider types range from well-established County Health Departments and Federally Qualified Health Centers to niche-group Community Based Organizations. As such, all of the providers – whether medical, behavioral, post-acute and/or long-term – have been carefully vetted as a means to ensure that not only can they be a strategic ally during this transformation process, but that they can sustain the demanding requirements associated with furthering these project initiatives over the course of the DSRIP Program. By signing these contractual agreements, a well-established, practical and highly cohesive Integrated Delivery System has formed and will remain steadfast while continuing to make significant progress in the transformation and delivery of care for the Medicaid Population.</p>
<p>Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.</p>	<p>The AMCH PPS remains very much devoted to establishing a collaborative and functional working relationship with Samaritan Health Home, the designated Health Home (HH) that serves the local population. During the last open enrollment period, several constructive conversations took place between Samaritan and the AMCH PMO – as such, in September of 2016 – Samaritan Health Home formally attested to joining the AMCH PPS along with their network of Behavioral Health Providers. In October of 2016, Samaritan signed and executed a POA which functions as a base contract and is durable for the entire length of the DSRIP Program; it is standard for all providers with the exception of government agencies, yet there are no funds connected to the agreement. The remaining documents in the three tier contracting structure are under legal review with their counsel.</p> <p>Important to note that the AMCH PPS is contracted with several downstream HH Providers in its network as these organizations are integral to true transformation and successful population health management. Many of these providers are engaged with the Health Home At-Risk Intervention Project which is in the very beginning phases of organizing, developing and conducting a pilot project in Columbia and Greene Counties. Expanding access to community primary care services while also developing integrated care teams to meet the individual needs of higher risk patients who do not currently qualify for NYS HH services remains the overall objective of this pilot. All Care Management and HH Downstream Providers participating in the Health Home At-Risk Intervention project will have signed Hixny agreements by 6/30/17. Data shows that currently 83 % of these providers have Hixny letters of intent or signed agreements, while 50% are receiving Hixny ADT alerts. Realizing that real service integration, collaboration, and true system transformation begin with connectivity, the AMCH PPS remains committed to ensuring that all of the partnering downstream HH providers work in partnership with Hixny. As connectivity progresses and data begins to flow securely in regards to the AMCH PPS's attributed population, it is of no doubt that the contracted entities will begin to realize success with proper population management. In order to enhance the clinical data available to PPS providers, members of the Health Home At-Risk subcommittee will assist the PPS in developing and implementing a model for sharing community care plans via Hixny. These care plans will be made available to subscribed providers as part of the patient's community health record which will help facilitate efficient and effective communication/coordination. Recognizing that several projects are interdependent on the proper development, implementation, and adherence to an extensive and thorough clinical integration strategy, the AMCH PMO in collaboration with Accenture, a leading multinational management consulting services company, worked together over a 16 week period to conduct a current state assessment of selected affiliates in the AMCH PPS network and the creation of a Clinical Integration Workgroup consisting of several clinicians and systems experts. The overall objective of this initiative was to not only develop an understanding of said affiliate's current state of care coordination (CC) functions, processes and protocols, but to identify gaps and leading practices in an effort to create a unified understanding of the current capabilities related to Clinical Integration (CI). These findings would then serve as inputs for the future state CI processes. Structured meetings relating to the development of and adherence to collaborative care practices in the IDS occur regularly; currently, the focus remains on integration in the form of connectivity with Hixny.</p>
<p>Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care</p>	<p>The AMCH PPS Clinical Integration (CI) Care Coordination Model (CCM) integrates both DSRIP & AMCH-defined objectives to create a framework which defines the functions, processes, protocols & governance. The model was developed in collaborative sessions with PPS members to align leading practices. The plan leverages IT</p>



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
<p>and public health services.</p>	<p>integration, multidisciplinary team interactions & centralized functions to improve information sharing across the care continuum. The IT architecture incorporates: PPS member must have a capable EHR, PPS member connects EHR to Hixny, PPS Care Management (CM) access to PPS EHR systems for clinical reviews, PPS CM solutions provide care plans & updates to caregivers through Hixny, EHR data & care plans flow predominately through Hixny portal interaction. The CI/CCM Model & the IT Architecture were then incorporated to develop the project enterprise architecture. This model maps specific project business requirements, information requirements & clinical integration processes. These project-specific architectures are being used along with the clinical requirements to ensure all members of the care team have the most relevant information available for their patients.</p> <p>The AMCH PPS in collaboration with Accenture, LLP conducted a current state assessment (CSA) as part of the development of the CICC. The CSA was conducted with key partners across the PPS via observations, interviews, documentation, staffing information & data analysis. Following the completion of the CSA, a CI workgroup was formed with representation from SMEs from across the PPS. Key outputs gained from this workgroup consisted of standardizing ED/observation processes, transitions of care processes, readmission management, risk stratification, & the standardization of clinical & supporting information exchanged at care transitions. Additionally, utilizing the future state CICC & IT Roadmap, the data elements, system requirements & integration formats were defined for each project. The final output included recommendations on ED/in-patient staffing models to support the future state Transitions of Care functions & processes. A particular area of focus was around transitions of care. For example, once it is determined that the patient will be discharged, the care manager refers the patient to navigation services and/or Health Home if appropriate. The care plan is updated by the discharging facility in order to provide a warm handoff to the community agency and/or PCP caring for the patient.</p> <p>Patients seen in the ED with a follow-up appointment scheduled with a PCP is a report that participating organizations have tracked & reported for several quarters now within the participating hospitals & PCPs. The ED Care Triage project has two additional patient registries directly related to tracking care outside of hospitals. One registry includes a list of all Medicaid patients who have been seen in the ED 3 or more times in the last 6 months, the other is a list of patients that were sent from the PCP to the ED. Registries become critical to target patients that may need additional resources to ensure follow-up. The AMCH PPS also utilizes DOH provided claims data, MAPP dashboards, & SIM to identify cohorts of patients.</p> <p>On Sept 9th, 2016 an extensive & thorough IT Onboarding Training was held for all contracted entities. 100+ IT & Clinical members participated and were provided an overview of DSRIP, information relevant to the PPS's vision for IT requirements, protocols, and processes for the IDS such as the AMCH PPS IT Roadmap, PPS Hixny Connectivity Requirements, the IT Change Management Strategy, 9/30/16 Project IT Requirements, Screenshots of Alerts & Secure Messaging, Evidence of Secure Email Transactions, and MU certification.</p>
<p>Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.</p>	<p>The IT architecture of the AMCH PPS incorporates the following: PPS member must have a capable EHR, PPS member connects EHR to Hixny, PPS care management access to PPS EHR systems for clinical reviews, PPS care management solutions provide care plans and updates to caregivers through Hixny, and EHR data and care plans flow predominately through Hixny portal interaction. To support these concepts, all contracted safety-net PCPs, Non-PCPs, Nursing Homes and Behavioral Health providers have connected or submitted letters of intent to connect to Hixny by 9/30/16. Those with letters of intent are actively working with Hixny and will have signed agreements by 10/30/16. All Primary Care Providers are currently sharing data and have or will subscribe to alerts. The existing Hixny community patient record will be significantly enhanced with connectivity and data contribution from Behavioral Health providers and Nursing Homes. In addition, all Care Management providers participating in the Health Home at Risk project will have signed Hixny agreements by 3/30/17. Members of the Health Home at Risk subcommittee will assist the AMCH PPS with the development and implementation of a model for sharing community care plans via Hixny. These care plans will be made available to subscribed providers as part of the patient's Hixny community health record.</p> <p>Providers will utilize functionality within their certified systems to receive Hixny alerts and to communicate with other PPS partners. Providers without access to a certified system will become Hixny members which will make them eligible for Direct accounts. Hixny Direct accounts will allow providers whose EMR does not come equipped with a complete Direct transition of care module or Health Information Service Provider (HISP), as well as those without EHRs, to exchange health information with providers and patients securely.</p> <p>Examples of PPS alerts include: admission and discharge notifications, transfer between care settings notification – ED or inpatient, as well as the automated delivery of discharge summaries, transition of care summaries and ED reports. These alerts will be delivered to members of the care team as described in the project implementation plans. Recipients will include PCPs and Specialists, Behavioral Health Providers and Care Management Providers. The AMCH PPS and Hixny remain committed to collaboratively work with each PPS partner to design the delivery method that best aligns with their particular workflow. Alerts can be integrated into the EHR, which is the</p>



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	<p>preferred method, or provided via the Hixny Portal's Clinical Message Center (CMC). Data Examples to support DSRIP Projects include: patient encounter history, diagnoses, care plans, assessments, care team members, discharge summaries, consult reports and the Hixny generated community C-CDA.</p>
<p>Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.</p>	<p>In addition to assisting practice transformations, the AMCH PPS has established a partnership with Hixny. All participating hospitals and practices are utilizing fully enabled Meaningful Use Stage 2 certified electronic health records and are bi-directionally connected to the RHIO/SHIN-NY via Hixny. All safety net PCP providers and practices are currently working with Hixny to refine the alerting and event notification process. Practices will subscribe to real-time ADT alerts when their patients are hospitalized or have Emergency Room encounters. Practices will work with Hixny to define the type of alert, content, recipient and delivery mechanism to align with DSRIP project requirements. By improving communication between providers we will improve care coordination with the goal of decreasing avoidable ED utilization. □ The Patient Centered Medical Home model of care is one of the core objectives in driving the primary care plan for the AMCH PPS. The PPS has facilitated partnerships with primary care practices to assist with practice transformation. In January 2016, the PPS performed a current-state assessment of all primary care partners to better understand the practices' current PCMH recognition status, as well as future plans and driving motivations for becoming NCQA recognized. Since the assessment, four practice sites - The Center for Disability Services, Whitney M. Young Jr. Health Center (Albany and Troy Sites) and Columbia Memorial Hospital (Kinderhook) - have earned recognition as Level 3 PCMH under the 2014 standards and several others are in the process of pursuing this achievement. In April of 2016 under the auspice of the CQAC, the first meeting of the Primary Care Advisory Group was held. The purpose of this work group formation was to promote active primary care participation in DSRIP projects; to facilitate and promote PCMH recognition and the adoption of standards in primary care; to promote integration of primary care and behavioral health; to assist the PPS in determining current primary care capacity; to identify performance needs and develop a plan for those needs, and to facilitate primary care participation in the development of value based payment models. During the first work group meeting, we assessed our partners' readiness or current standing in their PCMH efforts along with any barriers or challenges they faced in successful implementation. As a follow up to the initial meeting, and in order to develop an appropriate RFP, we developed and disseminated a secondary questionnaire to assess what level of support each practice felt they would need. AMCH PPS has launched efforts to hire a vendor to support true practice transformation in order to create a sustainable primary care network that supports DSRIP. As an initial support strategy, in early July, AMCH PPS supported more than 30 clinical and administrative leaders from participating organizations to attend the two-day training in Saratoga Springs, NY. This training was hosted by HANYS and sponsored by the PPS' Workforce Coordinating Council. The course, "Primary Care Practice Transformation-People, Processes, and Technology" addressed not just the fundamentals of the PCMH framework, but also concepts around how to create meaningful and sustainable transformation within the primary care practice setting.</p>
<p>Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.</p>	<p>The AMCH PPS conducted a survey in September 2015 to understand the current status of data collection within partner EHR systems, as well as any patient registries that organizations create on their own or report into from a population health perspective. In October 2015 the AMCH PPS began collecting patient engagement data from partnering organizations with a POA and BAA in place on a quarterly basis. For each of the projects that the AMCH PPS is participating in, patients that received the defined services were reported by secure means via Movelt to a single point of contact in the AMCH PMO. Data includes patient first name, last name, Medicaid/CIN, date of service, and NPI or organization reporting. Data registry enhancements became a contract deliverable in July of 2016 and each project required additional data elements on a monthly basis. Each patient registry contains Medicaid patient's first name, last name, CIN, Date of Service, NPI, and additional defining elements depending on the project. A complete list of registries is below:</p> <ul style="list-style-type: none"> • 2aii: patients with one NYS Health Home defined qualifying chronic condition. This registry excludes single qualifying conditions such as chronic mental illness or HIV. • 2av: list of patients sent to the Emergency Department from the participating nursing home. This registry is meant to be a utilization registry to identify frequent visits from a participating nursing home to the ED. • 2biii: two patient registries. For participating hospitals, patient registries include a comprehensive patient list of all Medicaid patients who have been seen in the ED 3 or more times in the last 6 months. For participating PCPs, it is a list of patients that were sent from their PCP to the ED. • 3ai: two patient registries depending on Model 1 or 3 participation, or Model 2 participation. The first registry is a complete list of Medicaid patients that received an approved BH screening within a primary care location, and their qualifying BH diagnosis. For Model 2 participants, the registry includes Medicaid patients seen in a BH location, their qualifying BH diagnosis and completion of a physical health screening.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	<ul style="list-style-type: none"> • 3bi: two patient registries. The first includes all Medicaid patients seen with a qualifying diagnosis for this project and the associated ICD-10 code. The registry also asks providers if the 5 A's have been documented in the patient's medical record. The second registry captures REAL data across our participating organizations. This registry includes the number and percent of patients by Race, Ethnicity, and Language. • 3diii: Medicaid patients seen in the last month with a qualifying asthma diagnosis and the associated ICD-10 codes. • 4bi: Medicaid patients seen that have tobacco utilization documented. • 4bii: Medicaid patients that have had preventive cancer screenings for completed, including mammography, colonoscopy, and PAP screenings. <p>The patient registries, along with patient engagement data, will be stored securely within the AMCH PMO following the AMCH PPS Data Security and Confidentiality Plan protocol and utilized at an aggregate level as a means to help identify target areas of improvement. The AMCH PPS patient registries and the accompanied structured reports help to foster a comprehensive macro-perspective of the patient population that can be successfully utilized to target patients and ensure that engagement across the projects and participating organizations continues. As the AMCH PPS identifies a secure means to share data, population health registries will also help organizations target patients for project participation. The EHR subcommittee, project subcommittees, the Technology and Data Management Committee, as well as other appropriate stakeholders will play a collaborative and active role in creating and updating additional registries as necessary.</p>
<p>Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all eligible participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.</p>	<p>The AMCH PPS has given considerable thought to the role that primary care (PC) will have as healthcare transformation occurs. Several contracted partners in the AMCH PPS have plans for addressing the identified needs relating to improving PC capacity through their continued efforts of hiring additional staff, expanding hours, potential relocation and enlargement of existing sites, and possibly embedding PC services within existing BH facilities to address many unmet medical needs. With the goal of enhancing access to timely and effective PC services to attributed members, AMCH PPS, in collaboration with participating partners and relevant PPS governing committees, will evaluate the feasibility of implementing one or more approaches for the expansion of PC capacity as outlined in the AMCH PPS Primary Care Plan. Furthermore, the PMO collected staffing impact data from the organizational partners and aggregated the data to produce the AMCH PPS Staffing Impact actuals report by facility type. The PMO received 27 reports from the partners, 15 of which had staffing changes during the reporting period. There were no PCPs hired or deployed in the first half of DY2; 6 PCPs were retrained in Article 28 Hospitals reporting data, and 1 PCP was retrained in a private provider practice reporting data. The PPS redeployed 2 primary care physicians at private provider practice sites.</p> <p>The PCMH model of care is one of the core objectives driving the primary care plan for the AMCH PPS. In January 2016, the PPS performed a PCMH current-state assessment of all PCPs to better understand the practices' current recognition status, as well as future plans and driving motivations for becoming NCQA recognized. Currently, four practice sites - The Center for Disability Services, Whitney M. Young Jr. Health Center (Albany and Troy Sites) and Columbia Memorial Hospital (Kinderhook) - are recognized as Level 3 PCMH under the 2014 standards and several others are in the process of pursuing this achievement. In April 2016, the first meeting of the Primary Care Advisory Group was held. The purpose of this workgroup is to promote active PCP participation in DSRIP projects; to facilitate and promote PCMH recognition and the adoption of standards in primary care; to promote integration of primary care and BH; to assist the PPS in determining current primary care capacity; to identify and develop a plan for performance needs, and to facilitate PC participation in the development of VBP models. During the first workgroup meeting, partners' readiness or current standing in their PCMH efforts along with any barriers or challenges they faced were assessed. In order to develop an appropriate RFP, the development and dissemination of a secondary questionnaire to assess what level of support each practice felt they would need was done. The AMCH PPS has launched efforts to hire a vendor to support true practice transformation in order to create a sustainable primary care network that supports DSRIP.</p> <p>In addition to assisting practice transformations, the AMCH PPS has established a partnership with Hixny. All participating hospitals and practices are utilizing fully enabled MU Stage 2 certified EHRs and are bi-directionally connected to the RHIO/SHIN-NY via Hixny. All safety net PCPs and practices are currently working with Hixny to refine the alerting and event notification process. Practices will subscribe to real-time ADT alerts when their patients are hospitalized or have ER encounters. Practices will work with Hixny to define the type of alert, content, recipient and delivery mechanism to align with DSRIP project requirements. Streamlining communication between providers will improve care coordination with the goal of decreasing avoidable ED utilization. □</p>
<p>Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.</p>	<p>In September 2016, the AMCH PPS PMO disseminated a comprehensive value-based purchasing (VBP) assessment to all contracted partners in the network. This initiative was done collaboratively with COPE Health Solutions, which is the entity that was engaged to assist the PPS with the development of contracts and funds flow. Although a VBP assessment was conducted in 2015 as part of the overall comprehensive baseline assessment, this assessment was created so that the PPS could obtain</p>



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	<p>a more thorough valuation of VBP in the network. The AMCH PPS VBP workgroup, which is comprised of 12 partner organizations from varying capacities and four MCOs, reviewed and approved the assessment prior to distribution.</p> <p>Information such as payer mix by service type, details of VBP agreements currently in place, level of VBP, ACO involvement, perceived barriers to success, accelerators in use, support needed, timeline to implement VBP, preferred compensation modalities, and others were obtained through the assessment. An aggregated report of this information will be provided to the PPS so that a plan to transition the network to VBP can be developed.</p> <p>Per the Federal Trade Commission, the PPS is not permitted to contract on behalf of its partners in its current structure. Therefore, as mentioned above, the assessment was completed through a third-party vendor in order to maintain confidentiality of partner's proprietary payer contract information. Based on the assessment, which was completed on September 30, 2016, there are a total of 13 partners that have established contracts with Medicaid MCOs that include value-based payments at various levels. Additionally, 2 partner organizations have Enhanced Primary Care (EPC) agreements with CDPHP but did not report them as a VBP arrangement as there is uncertainty whether EPC is an approved model in the New York State Roadmap. 17 partner organizations reported having other VBP arrangements in place not specific to Medicaid.</p> <p>Ongoing assessments will be conducted to monitor the progress of the transition to VBP. The PPS will continue to work with the Finance Committee, VBP Workgroup, and the PPS Board to further define the transition plan.</p>
<p>Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.</p>	<p>The AMCH PPS created a Value-Based Purchasing (VBP) workgroup, which is a subcommittee of the Finance Committee, to provide guidance and education to partners in the PPS network. The workgroup had its inaugural monthly meeting in April 2016. To date, the workgroup is comprised of 30 participants, including 12 organizations of varying capacities and four managed care organizations (MCOs). The co-chairs of the workgroup include representation from Albany Medical Center Hospital and Capital District Physicians' Health Plan. Beyond education and guidance, the primary charge of the workgroup is to assess the network's readiness and willingness to transition to VBP, review data to determine current state of VBP in the network and the preferred compensation modalities, as well as to help complete the milestones outlined by the State. Collaborative in nature, members of the VBP workgroup, both partnering organizations and MCOs remain active participants as it relates to the ongoing development of a centralized plan to transition the network to a VBP structure. In addition to the monthly workgroup meetings, Albany Medical Center Hospital's Integrated Delivery System department had several meetings, many of which included MCO representation, related to the transition to VBP.</p> <p>In September 2016, the AMCH PPS PMO disseminated a comprehensive VBP assessment to all contracted partners to further understand the state of the network in terms of utilization trends, performance issues, the current state of payment reform and risk sharing. This initiative was done collaboratively with COPE Health Solutions, which is the entity that was engaged to assist the PPS with the development of contracts and funds flow in order to maintain confidentiality of our partner's proprietary payer contract information. Although an initial VBP assessment was conducted in 2015 as part of the overall comprehensive baseline assessment, the assessment distributed in September 2016 was created so that the PPS could obtain a more thorough valuation of VBP in the network. Information such as payer mix by service type, details of VBP agreements currently in place, level of VBP, ACO involvement, perceived barriers to success, accelerators in use, support needed, timeline to implement VBP, preferred compensation modalities, and others were obtained through the assessment. An aggregated report of this information will be provided to the PPS so that a plan to transition the network to VBP can be developed.</p> <p>Ongoing assessments will be conducted to monitor the progress of the transition to VBP. The PPS will continue to work with the Finance Committee, VBP Workgroup, and the PPS Board to further define the transition plan. Once the plan is approved upon, appropriate, thorough and transparent training will be conducted as a means to ensure that all affected parties will be well-prepared for this transformative process.</p>
<p>Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.</p>	<p>In September 2016, the AMCH PPS PMO disseminated a comprehensive value-based purchasing (VBP) assessment to all contracted partners in the network. This initiative was done collaboratively with COPE Health Solutions, which is the entity that was engaged to assist the PPS with the development of contracts and funds flow, in order to maintain confidentiality of our partner's proprietary payer contract information. Although a VBP assessment was conducted in 2015 as part of the overall comprehensive baseline assessment, this assessment was created so that the PPS could obtain a more thorough valuation of VBP in the network. The AMCH PPS VBP workgroup, which is comprised of 12 partner organizations from varying capacities and four MCOs, reviewed and approved the assessment prior to distribution.</p> <p>Information such as payer mix by service type, details of VBP agreements currently in place, level of VBP, ACO involvement, perceived barriers to success, accelerators in</p>



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	<p>use, support needed, timeline to implement VBP, preferred compensation modalities, and others were obtained through the assessment. An aggregated report of this information will be provided to the PPS so that a plan to transition the network to VBP can be developed.</p> <p>Per the Federal Trade Commission, the PPS is not permitted to contract on behalf of its partners in its current structure. In addition, the VBP milestones under the Finance workstream have been postponed. Therefore, a VBP roadmap has not yet been developed. As such, all of the tasks outlined for this milestone, with the exception of task 1 under Metric 1 and task 2 under Metric 2, are not applicable. As described above, the VBP workgroup currently meets monthly to discuss education needs and to provide general guidance. Once additional guidance is provided, these discussions will evolve and a VBP roadmap will be developed. Because we cannot setup a PPS-wide growth plan, partner organizations, such as Albany Medical Center Hospital and CapitalCare Medical Group, PLLC, shared their current policies and procedures which provide details of provider compensation according to patient outcomes. Additionally, Albany Medical Center Hospital, CapitalCare Medical Group, PLLC, Community Care Physicians, PC, Columbia Memorial Hospital, and Saratoga Hospital all provided documentation that identifies which providers receive incentive-based compensation. Ongoing assessments will be conducted to monitor the progress of the transition to VBP. The PPS will continue to work with the Finance Committee, VBP Workgroup, and the PPS Board to further define the transition plan. Once the plan is approved upon, appropriate, thorough and transparent training will be conducted as a means to ensure that all affected parties will be well-prepared for this transformative process.</p>
<p>Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.</p>	<p>The AMCH PPS established a Consumer and Community Affairs Committee (CCAC) in May, 2015 which is charged with representing the interests of Medicaid recipients and the uninsured and to provide feedback and recommendations to the PAC regarding the unique needs of consumers and how these needs can be met throughout DSRIP.</p> <p>Due to the challenges of getting Medicaid recipients at the table, CCAC has sponsored listening sessions across AMCH PPS's five-county catchment area as a means to allow Medicaid Beneficiaries to speak openly and honestly about their concerns, experiences, and thoughts about how to improve the system of care. To date, 15 listening sessions have been conducted by a total of 10 CBOs who have received funding to facilitate: Center for Disability Services, In Our Own Voices, Independent Living Center, St. Catherine's, Trinity Alliance, Wildwood, Alliance for Positive Health, Alvarado-Little Consulting, Promesa, Inc., and NY Statewide Senior Action Council.</p> <p>The CCAC has hosted several regional forums for DSRIP informational purposes; these forums are community focused and have been held in collaboration with overlapping PPSs to ensure the proper alignment of a clear and concise message to participating providers, community organizations, and Medicaid Beneficiaries. The CCAC continues these discussions as they host their monthly committee meeting in our northern, southern, and central hub locations, allowing for face to face participation in each region.</p> <p>The AMCH PPS have participated in several community led events and also holds a seat at many community based meetings including COReSTAT, LEAD, HC DI, PHIP, SHIP, and CHIP. The AMCH PPS, along with its participating providers – mainly those who are community-based organizations – have collaborated in events such as the CUT Hypertension initiative, The Delaware Ave Community Event, Albany Community Action Partnership 50th Anniversary Block Party, and many others.</p> <p>As a means to engage patients in the IDS, the AMCH PPS has opted to utilize the Patient Activation Measure ® (PAM) assessment tool, which is an evidence-based tool that reliably predicts future ER visits, hospital admissions and readmissions, based off of consumer health characteristics for a multitude of prevalent health conditions. As a result, conducting PAMs in the high-need areas will help to improve the overall health and well-being of the population. To date, the AMCH PPS has provided PAM ® and Coaching for Activation (CFA) training to a total of 14 CBOs – Alliance for Positive Health, Black Nurses Coalition, Catholic Charities, Community Caregivers, Healthy Capital District Initiative, Columbia County Community Healthcare Consortium, Inc., Independent Living Center of the Hudson Valley, Inc., Mental Health Empowerment Project, Northern Rivers, Planned Parenthood Mohawk Hudson, Shelters of Saratoga, St. Catherine's Center for Children and Trinity Alliance. This intensive and thorough training covers a wide array of patient activation techniques such as shared decision-making, measurements of health literacy and cultural competency – and will provide these CBOs with the necessary skills and fundamental understanding of how to properly engage with and administer the tool.</p>



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	Once trained, participating providers of the AMCH PPS have begun to actively engage patients and implement the PAM® and CFA in the identified hotspots areas; currently at a total of 15,372 PAMs®. The majority of partners who are actively administering the PAM ® are those that are considered CBOs. CBO partners have community health workers providing connecting and/or reconnecting beneficiaries to designated PCP's. Culturally competent CBOs assist the PPS with identifying hot spots for outreach and health navigation activities in key communities where the underserved are located.

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Fail	The PPS submitted a list of contracted partners as supporting documentation for this milestone, which did not appear to be an all-inclusive list. In order to meet the project requirement of this milestone, the evidence needed to demonstrate that "All PPS providers must be included in the Integrated Delivery System."
Milestone #2	Pass & Complete	
Milestone #3	Fail	The PPS submitted a Clinical Interoperable System Strategy and Care Coordination Model Overview for this milestone. In order to meet the project requirement of this milestone, the evidence needed to demonstrate that a "Clinically Interoperable System is in place for all participating providers." It is not clear that the system is in place for all providers. The PPS submitted evidence of tracking patients after ED treatment for this milestone. In order to meet the project requirement of this milestone, the evidence needed to demonstrate that the "PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed." It is not clear that the system is in place for all patients except those discharged from the ED.
Milestone #4	Fail	The PPS submitted evidence of connectivity and signed agreements for this milestone. In order to meet the project requirement of this milestone, the evidence needed to demonstrate that the PPS must "ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY." The system is in place for all PPS safety net providers except those indicated in the documentation. The PPS submitted evidence of partners using certified EHR systems that contain alerts and messaging functionality for this milestone. In order to meet the project requirement of this milestone, the evidence needed to demonstrate that the PPS must "ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY." The system is in place for all PPS safety net providers except those indicated in the documentation.
Milestone #5	Fail	The PPS did not complete this milestone by the prescribed deadline.
Milestone #6	Pass & Complete	
Milestone #7	Fail	The PPS did not complete this milestone by the prescribed deadline.
Milestone #8	Pass (with Exception) & Complete	The PPS was not required to complete this milestone.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #9	Fail	The documentation provided does not support the occurrence of formal meetings to evaluate utilization trends and performance issues and ensure payment reforms are instituted.
Milestone #10	Pass & Complete	
Milestone #11	Pass & Complete	



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 2.a.i.3 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.a.i.4 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project 2.a.iii – Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services

✓ IPQR Module 2.a.iii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

A risk associated with the health home at-risk intervention project is a lack of health homes within our PPS network. We intend to mitigate this risk by working collaboratively with the many health home service providers that are part of our network, as well as collaborating closely with neighboring PPSs to meet the needs of our attributed patients.

A more concrete risk to this project is the delays associated with patient identification and risk stratification. Significant data will be needed from the state which remains behind schedule. Additionally, the state is still in the process of conducting the OPT OUT process. This process further delays the ability of our PPS to communicate patient lists generated from state provided data. We will mitigate this by working collaboratively to develop risk stratification and patient identification strategies that do not rely on the data coming from the Department of Health.

Another risk is lack of engagement by practitioners and leaders of the participating providers. Currently most healthcare practitioners and health systems function as silos and have not changed their systems due to current payment systems, or market share dominance. Without their active participation in our efforts to redesign the delivery system, we will face substantial hurdles in implementing project 2.a.iii effectively.

Strong linkages to Level 3 PCMH primary care sites are essential to the success of this project. Inability of the primary care practices to achieve this recognition will create additional hurdles. The current culture among practitioners is a barrier to integration of physical and behavioral health care services. The current lack of integration compromises the care of individuals with comorbid behavioral health and chronic medical conditions. A lack of sufficient care coordination services is also a risk. Failure to create a functional centralized triage system with effective care coordination will put this project at risk.

To mitigate this risk, we will:

- Create teams, led by practicing clinician stakeholders that will develop protocols and clinical pathways using evidence-based standards of care and monitoring of clinical performance.
- With a dedicated team of experts, AMCH PPS will coach and support other primary care practitioners to achieve Level 3 PCMH.
- Provide training and lead a cultural shift across organizational boundaries to create a more collaborative, patient centered approach.
- Assist our partners with the transition towards value-based payments and away from traditional FFS models.
- Create a centralized triage function in connection with our expanded Care Management capabilities. We intend to also expand our PPSs capacity for care management.

Another risk to the successful implementation of this project is the reliance on new IT and communications infrastructure, which is needed to support communication between practitioners and organizations. The IT and data sharing survey that we carried out prior to our DSRIP application revealed that the partners within our PPS are at differing levels of IT capabilities and are on differing platforms, creating risks to integration.

Existing IT infrastructure is inadequate to support a region-wide interoperable system, and a comprehensive patient registry. Rolling out new tools for data sharing while trying to establish new lines of communication to coordinate care will be a complex challenge. To mitigate this risk, we will collaborate with HIT vendors as well as participating providers to redesign and implement clinical IT and data sharing systems.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 2.a.iii.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY2,Q4	15,836

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	9,478	9,977	12,907	15,836
	Quarterly Update	5,645	5,823	0	0
	Percent(%) of Commitment	59.56%	58.36%	0.00%	0.00%
IA Approved	Quarterly Update	0	225	0	0
	Percent(%) of Commitment	0.00%	2.26%	0.00%	0.00%

⚠ Warning: PPS Reported - Please note that your patients engaged to date (5,823) does not meet your committed amount (9,977) for 'DY2,Q2'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mcintyc	Rosters	1_DY2Q2_PROJ2aiii_MDL2aiii2_PES_ROST_AMCH_PPS__2_A_III_FINAL_cumulative_FOR_MAPP_UPLOAD_6927.xlsx	AMCH PPS 2AIII DY2 Patient Engagement	10/27/2016 08:26 AM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its Actively Engaged commitments for DY2 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✅ IPQR Module 2.a.iii.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	DY2 Q4	Project	N/A	In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task A clear strategic plan is in place which includes, at a minimum: - Definition of the Health Home At-Risk Intervention Program - Development of comprehensive care management plan, with definition of roles of PCMH/APC PCPs and HHs		Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Identify participating provider and/or sites, including but not limited to Health Home providers, PCPs, EDs, CBOs, Social Service agencies and care coordination providers.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Establish committee whose mission is the preparation of a HH At-Risk comprehensive management plan including identified staff and organizational roles.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. Identify areas for collaboration with neighboring PPSs and ensure collaboration between related PPS project.		Project		Completed	11/23/2015	12/31/2015	11/23/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:4. Complete a current state assessment of the HH at-risk population to determine the care coordination needs and availability of CC services.		Project		Completed	11/02/2015	06/30/2016	11/02/2015	06/30/2016	06/30/2016	DY2 Q1
Task M1:5. Identify/hot spot HH at-risk populations in the 5 counties for the PPS.		Project		Completed	11/02/2015	06/30/2016	11/02/2015	06/30/2016	06/30/2016	DY2 Q1
Task M1:6. Define future state for the HH at-risk intervention program utilizing hot spotting and current state assessment.		Project		In Progress	04/01/2015	03/31/2020	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:7. Complete gap analysis between the current state assessment and defined future state.		Project		In Progress	04/01/2015	03/31/2020	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		In Progress	04/01/2015	03/31/2020	07/01/2016	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:8. Utilizing gap analysis and future state modeling, the ad-hoc committee will develop a strategic plan that includes the definition of the HH at-risk intervention program, the development of a care management plan and definition of the management plan and the roles of the identified providers and organizations.										
Task M1:9. Submit the HH at-risk intervention program to the PPS Board for review and approval.		Project		In Progress	04/01/2015	03/31/2020	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Ensure all eligible primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3.	DY2 Q4	Project	N/A	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task All eligible practices meet NCQA 2014 Level 3 PCMH and APCM standards		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY 3.		Project		In Progress	10/19/2015	03/31/2018	10/19/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:4. Perform a practice-specific gap analysis to determine the needed financial, technical and operational support to assure successful recognition by DY3.		Project		In Progress	04/01/2015	03/31/2020	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.		Project		In Progress	04/01/2015	03/31/2020	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		In Progress	12/07/2015	03/31/2018	12/07/2015	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM.										
Task M1:7. Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY 3.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:8. Monitor on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	DY2 Q4	Project	N/A	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Case Management / Health Home	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS uses alerts and secure messaging functionality.		Project		In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.										
Task M1:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:5. Utilizing the IT-TOM pilot experience, design the PPS wide future state connectivity model.		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.		Project		In Progress	02/12/2016	03/31/2018	02/12/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.		Project		In Progress	10/01/2015	03/31/2018	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:1. Perform a current state assessment on the interconnected systems' ability to send, receive and use alerts and secure messages to facilitate timely care coordination and management.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M2:2. Define the future state and select appropriate vendor for implementation of alerts and secure messaging functionality by clinicians and staff across the Integrated Delivery System for safe and effective care transitions between EDs, Hospitals, specialists and PCMH site.		Project		Completed	12/05/2015	06/27/2016	12/05/2015	06/27/2016	06/30/2016	DY2 Q1
Task M2:3. Conduct a gap analysis between current state and future state of using alerts and secure messaging functionalities for timely care coordination.		Project		In Progress	02/12/2016	03/31/2018	02/12/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:4. Implement training and secure messaging to support the use of alerts across the PPS.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:5. Implement the necessary technical and operational system changes as required by the selected vendor for the use of alerts and secure messaging across the PPS.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4	DY2 Q4	Project	N/A	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Perform a current state assessment of participating safety-net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2. Develop practice specific action plan to implement necessary changes to workflows and documentation to improve performance on achieving the MU Stage 2 requirements.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:3. Ensure clinician and staff training on new processes is conducted.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:1 Establish a project sub-committee with representation from participating primary care practitioners to facilitate and assure achievement of 2014 NCQAC Level 3 PCMH recognition or APCM by DY 3.		Project		In Progress	10/19/2015	03/31/2018	10/19/2015	03/31/2017	03/31/2017	DY2 Q4
Task M2:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:4. Perform a practice-specific gap analysis to determine the		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
needed financial, technical and operational support to assure successful recognition by DY3.										
Task M2:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM.		Project		In Progress	12/07/2015	03/31/2018	12/07/2015	03/31/2017	03/31/2017	DY2 Q4
Task M2:7. Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY 3.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:8. Monitor on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	DY2 Q4	Project	N/A	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH EHR sub-committee will articulate the scope, objectives and requirements of an effective patient tracking system to support effective population health management across PPS entities.		Project		In Progress	04/02/2016	03/31/2017	04/02/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:2. AMCH PMO will assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. AMCH PMO will implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:4. AMCH PMO will establish a central resource to support the		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
needs of the PPS and individual organizations/practices to track their population groups for population health management needs.										
Task M1:5. AMCH PMO will generate required reports on the performance of individual and population health interventions implemented by the practice teams.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	DY2 Q4	Project	N/A	In Progress	11/02/2015	03/31/2017	11/02/2015	03/31/2017	03/31/2017	DY2 Q4
Task Procedures to engage at-risk patients with care management plan instituted.		Project		In Progress	11/02/2015	03/31/2017	11/02/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Identify HH at-risk patient risk factors based on the current state analysis and hot spotting.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:2. Identify nationally recognized best practice evidence-based care management plans.		Project		Completed	11/02/2015	06/30/2016	11/02/2015	06/30/2016	06/30/2016	DY2 Q1
Task M1:3. Complete plan development using identified best practice evidence-based care management plans, gap analysis and future state model.		Project		In Progress	04/01/2015	03/31/2020	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:4. Develop training materials required to implement Health Home at-risk action plan buy-in at the provider level and implement this training.		Project		In Progress	04/01/2015	03/31/2020	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:5. Develop care management documentation and protocols, necessary policies and procedures, and a comprehensive action plan, to engage targeted patient population and reduce patient risk factors.		Project		In Progress	04/01/2015	03/31/2020	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	DY2 Q4	Project	N/A	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task Each identified PCP establish partnerships with the local Health Home for care management services.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task Each identified PCP establish partnerships with the local Health		Provider	Case Management / Health Home	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Home for care management services.										
Task M1:1. Identify the participating project PCPs, Health Homes such as Hudson River Health, and other Health Home downstream providers.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Define care management roles and responsibilities for each Health Home and participating provider.		Project		In Progress	04/01/2015	03/31/2020	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:3. Establish partnership agreements with PCPs, HH providers, EDs and CBOs as necessary. Agreements to include information sharing requirements as necessary for care coordination.		Project		In Progress	04/01/2015	03/31/2020	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	DY2 Q4	Project	N/A	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established partnerships to medical, behavioral health, and social services.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established partnerships to medical, behavioral health, and social services.		Provider	Case Management / Health Home	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS uses EHRs and HIE system to facilitate and document partnerships with needed services.		Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Established project sub-committee will identify the participating project PCPs, Health Home providers, CBOs, local Health Departments, OMH and OASAS licensed providers, LGUs and SPOAs.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Utilize current state assessment, future state model and gap analysis to identify the needed care management services of the participating PCPs and HHs.		Project		In Progress	04/01/2015	03/31/2020	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:3. Identify current PPS providers that have existing PCP and HH resources that could be expanded to fill the gap.		Project		Completed	11/02/2015	09/30/2016	11/02/2015	09/30/2016	09/30/2016	DY2 Q2
Task		Project		In Progress	04/01/2015	03/31/2020	07/01/2016	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

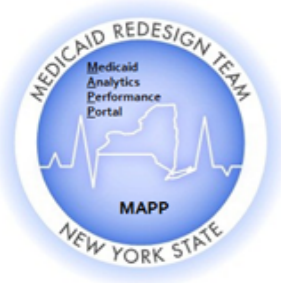
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:4. Establish partnership agreements that define policies and procedures and care coordination between the PCPs and HHs with the PPS medical, behavioral health and social service providers for the allocation of needed PCP and HH resources.										
Task M2:1. Collaborate with TDMC to identify baseline EHR/referral workflow capabilities within participating provider organizations. This survey will include connectivity to HIE.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:2. Collect and review participating provider EHR vendor documentation and facilitate obtaining documentation when missing.		Project		Completed	10/05/2015	06/30/2016	10/05/2015	06/30/2016	06/30/2016	DY2 Q1
Task M2:3. Establish standards for reporting EHR documentation of referrals to needed services.		Project		In Progress	04/01/2015	03/31/2020	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:4. Participating PPS providers will report on and document partnerships for needed services using EHRs and the HIE system.		Project		In Progress	04/01/2015	03/31/2020	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	DY2 Q4	Project	N/A	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has adopted evidence-based practice guidelines for management of chronic conditions. Chronic condition appropriate evidence-based practice guidelines developed and process implemented.		Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative evidence-based care practices.		Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has included social services agencies in development of risk reduction and care practice guidelines.		Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task Culturally-competent educational materials have been developed to promote management and prevention of chronic diseases.		Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Review and validate CNA data with participating providers to identify the most prevalent chronic conditions based on		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
additional data and expertise of stakeholders.										
Task M1:2. Project sub-committee, in collaboration with CQAC, will identify Nationally recognized evidence-based guidelines for the management of the identified Chronic conditions.		Project		In Progress	11/02/2015	09/30/2016	11/02/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:3. Submit identified chronic condition guidelines to the CQAC for review and adoption.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Disseminate guidelines while providing appropriate provider level training and education for implementation.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. AMCH PPS participating providers will adopt identified guidelines.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Identify all participating providers engaged in partnerships for this project to regularly join project subcommittee and/or CQAC meetings to review evidence based practices.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:2. Assist project participating providers to develop and implement evidence-based care practices where appropriate.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:1. Identify Social Services agencies in the PPS five county service area to participate in project subcommittee and PPS PAC meetings where relevant.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M3:2. Establish appropriate written agreements with Social Service Agencies.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:3. PPS develops risk-reduction and evidence-based care practices with identified Social Services Agencies.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:4. Risk reduction and evidence-based care practices will be presented to CQAC for approval when appropriate.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M4:1. Collaborate with CCHLC to identify training vendor to supply educational materials on management of chronic diseases.		Project		Completed	11/16/2015	09/30/2016	11/16/2015	09/30/2016	09/30/2016	DY2 Q2
Task M4:2. Review identified trainings with clinical stakeholders as well as CCAC for understanding.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M4:3. Disseminate training materials as appropriate.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	
Ensure all eligible primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3.	
Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	
Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	
Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	
Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	
Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 2.a.iii.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.a.iii.5 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project 2.a.v – Create a medical village/alternative housing using existing nursing home infrastructure

✔ IPQR Module 2.a.v.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

<p>Risks</p> <ul style="list-style-type: none">•Lack of capital funding may affect the participating SNFs ability to successfully restructure their current operating model.•Lack of engagement by a sufficient number of providers.•Staffing and corresponding workers may need retraining to accommodate the transformation of the facility. Workforce limitations associated with salaries and training will be a challenge.•Since the AMCH PPS catchment area represents a diverse population, some identified hot spot areas may not align with the needs of this project initiative.•The proper waivers to implement this project may not be approved in time to meet the AMCH PPS speed and scale requirements.•Updated provider type and safety net designation may be unavailable prior to the submission. This may not represent the provider data accurately which will affect the speed and scale deliverables.•Lack of IT infrastructure, EHR utilization, and proper data security protocols within the identified partnering SNFs will impede the success of this project.•Completing and submitting an approved Certificate of Need (CON) to the NYSDOH is a timely process that may cause delays in the overall project implementation. <p>Mitigation Strategies</p> <ul style="list-style-type: none">•AMCH PMO will structure funds flow to encourage organizational/provider buy-in as well as timely submission of all required documentation. (CONs) (1a/b/h).•DSRIP training and education teams in collaboration with our workforce training vendor (TBD) will provide resources, materials, and training to assist the staff to ensure they are comfortable with the potential shift in roles and responsibilities (1c).•AMCH PMO will analyze existing data, as well as identified hot spots in the CNA to determine which partnering facilities may have excess bed capacity and willing to participate in this project (1d).•AMCH PMO will review existing waivers and identify ones that are needed to ensure that the proper applications are in place in order to effectively implement 2av (1e).•AMCH PMO will work closely with KPMG and PCG to ensure that proper categorization of the providers and organizations attributed to the PPS network will be available and updated on a regular basis (1f).•Enhanced EHR capabilities will be important for the success of this project. AMCH PPS will ensure that constant communication and additional data resources will be accessible by all partnering providers engaged in 2av. MAPP Tool functionality, Salient Data and other information provided by the NYSDOH will be imperative (1g).



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 2.a.v.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY3,Q4	680

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	120	180	220	300
	Quarterly Update	0	0	0	0
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%
IA Approved	Quarterly Update	0	0	0	0
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%

⚠ Warning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (180) for 'DY2,Q2'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ayersl3	Templates	1_DY2Q2_PROJ2av_MDL2av2_PES_TRAIN_AMCH_PPS__2_A_V__FINAL_FOR_MAPP_UPLOAD_6380.xlsx	Patient Engagement	10/21/2016 02:32 PM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its Actively Engaged commitments for DY2 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 2.a.v.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Transform outdated (underperforming) nursing home capacity into a stand-alone emergency department/urgent care center or other healthcare-related purpose.	DY3 Q4	Project	N/A	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task Execute project to reduce outdated nursing home capacity into a stand-alone, "medical village"		Project		In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. AMCH PMO will survey and review all of the existing SNFs and Long Term Care Facilities in our PPS to determine current bed capacity, bed utilization, financial sustainability, and willingness to participate in 2av - with a specific focus on Daughters of Sarah Nursing Home, Albany County Nursing Home, and Saratoga Hospital Nursing Home.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2. AMCH PMO will analyze the Community Needs Assessment and other relevant sources to determine current gaps and highest demand (hot spots) for services provided, number of excess nursing home beds by county, current hospitalization/ED utilization rates, and Medicaid patient breakdown.		Project		Completed	03/28/2016	06/30/2016	03/28/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:3. AMCH PMO will select the SNFs that will be involved in Project 2av based on the data collected and willingness to participate. AMCH PPS will communicate these findings to the PPS Executive Committee of the PAC, PPS Board and PPS Providers.		Project		In Progress	10/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task M1:4. AMCH PMO will develop implementation plan with designated SNFs to include beds to be decertified, funding, "Medical Village" implementation/re-use and feasibility within the existing time frames.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. AMCH PMO will develop and execute contracts with		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
partnering SNFs to establish contract deliverables, funding, timeframes, and additional service coordination needs.										
Task M1:6. AMCH PMO will execute implementation plan by working with partnering SNFs to complete CONs to decertify beds and re-use freed up space to create either a medical village construct with interdisciplinary care delivery, or alternative housing depending on the details of the scope of services.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #2 Provide a clear statement of how the infrastructure transformation program will promote better service and outcomes (service volume, occupancy statistics, etc.) for the community based upon the community needs assessment including, evaluation of specific planning needs for any Naturally Occurring Retirement Community (NORC) occurring within the PPS.	DY2 Q4	Project	N/A	In Progress	03/28/2016	03/31/2017	03/28/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has completed evaluation of community needs, including planning needs for NORCs, and has developed goals to provide improved access to needed services.		Project		In Progress	03/28/2016	03/31/2017	03/28/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will analyze the Community Needs Assessment along with each SNFs current operating model, ED utilization patterns, and associated costs in order to address the need and the potential creation of NORC. C.N.A Data: (pg. 45-46, 181, 183,185)		Project		Completed	03/28/2016	06/30/2016	03/28/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:2. After evaluating the current state of each SNF, AMCH PMO will determine what services can be provided for each Medical Village/Alternative Housing based on needs, availability and willingness of providers, as well as space availability.		Project		Completed	03/28/2016	06/30/2016	03/28/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:3. Based on the prior steps, AMCH PMO will create and provide an implementation plan to outline an infrastructural transformation program that will promote better service and outcomes for the community.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. AMCH PMO will execute implementation plan by working with partnering SNFs to complete infrastructural transformation programs.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. AMCH PMO will finalization of Medical Village/Alternative		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
housing services will be linked to additional contracts to be executed, as well as a coordinated and integrated delivery system involving ambulatory care providers as necessary and appropriate for each SNF's business model.										
Milestone #3 Provide a clear description of how this re-configured facility will fit into a broader integrated delivery system that is committed to high quality care and willing/able to participate in payment reform.	DY2 Q4	Project	N/A	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed a clear strategic plan, which includes, at a minimum: <ul style="list-style-type: none"> - Definition of services to be provided in medical village and justification based on CNA - Plan for transition of nursing home infrastructure to other needed services - Description of process to engage community stakeholders - Description of any required capital improvements and physical location of the medical village - Plan for marketing and promotion of the medical village and consumer education regarding access to medical village services 		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will define services to be provided in medical villages based on CNA analysis.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. AMCH PMO will execute the nursing home infrastructure transition plan that includes a detailed definition of needed medical services, as noted in previous milestones.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. AMCH PMO will work in collaboration with the CCAC to document a process for community engagement on the facility transformation process. AMCH PMO will market and promote the medical village and consumer education regarding access to medical village services.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Based on the results of the CRFPs, AMCH PMO will provide a detailed description of any additional required capital improvements. Without capital funding, the feasibility of the project is severely impacted.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #4 Provide clear documentation that demonstrates housing plans are consistent with the Olmstead Decision and any other federal	DY2 Q4	Project	N/A	In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
requirements.										
Task Medical village services and housing are compliant with Olmstead Decision and federal requirements.		Project		In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will ensure that all Medical Villages are in compliance with the Omstead Decision and will request documentation supporting their compliance with federal requirements and regulations.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. AMCH PMO will provide the documentation, referenced above, in the Quarterly Reports submitted to the NYSDOH.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Identify specific community-based services that will be developed in lieu of these beds based upon the community need.	DY2 Q4	Project	N/A	In Progress	02/15/2016	03/31/2017	02/15/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS increases capacity of community-based services as identified in Community Needs Assessment.		Project		In Progress	02/15/2016	03/31/2017	02/15/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Using existing relevant sources (CNA, Surveys, Hot spots), AMCH PMO will determine which health services are in the highest demand for each participating SNF in order to strategically plan what services should be implemented at each location. These may include addiction services, stand-alone urgent care centers, medical villages, and/or other healthcare-related purposes.		Project		Completed	02/15/2016	06/30/2016	02/15/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:2. Using existing relevant sources (CNA, Surveys, Hot spots), AMCH PMO will determine which community-based resources, community navigators, and community outreach programs are currently in the highest demand and are feasible to be developed in space available, if capacity exists or could be created, and are financially feasible.		Project		Completed	02/15/2016	06/30/2016	02/15/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:3. AMCH PMO, in collaboration with the Workforce Coordinating Council, will determine staff training and development, redeployment, retention, and recruitment needs based on the selected community-based services.		Project		In Progress	02/15/2016	03/31/2017	02/15/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:4. Using the results from previous steps, the WCC will work with individual providers and our workforce development vendor		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
to assess future state staffing needs by site and incorporate them into the workforce roadmap.										
Task M1:5. Develop and finalize the infrastructure transition plan for each participating SNF that recognizes available capital funding, identified needs, capacity to meet those needs, and the feasibility of funding.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Compile a list of additional community and health services created through the implementation of the infrastructure transition plan and make this list available through the CCAC.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will articulate the scope, objectives and requirements of a patient tracking system to support effective population health management across PPS entities.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:2. AMCH PMO will assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. AMCH PMO will implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:4. AMCH PMO will implement training sessions to educate participating partners on how to utilize the additional technical platforms.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. AMCH PMO will utilize the population health IT vendor to support the needs of the PPS and individual organizations/practices to track their population groups for population health management needs.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. AMCH PMO will generate required reports on the performance of individual and population health interventions		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
implemented by the practice teams.										
Milestone #7 Ensure that all eligible participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	DY3 Q4	Project	N/A	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY 3.		Project		In Progress	10/19/2015	03/31/2018	10/19/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices, relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:4. Perform a practice-specific gap analysis to determine the needed financial, technical and operational support needed to assure successful recognition by DY3.		Project		In Progress	04/01/2015	03/31/2020	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows, and other changes, to become NCQA 2014 Level 3 certified or APCM.		Project		In Progress	12/07/2015	03/31/2018	12/07/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:7. Assign specific roles and responsibilities for the participating practice leadership, as well as timelines to implement the action plan effectively to achieve the recognition		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
by DY 3.										
Task M1:8. Monitor progress on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:9. Track site-specific certification to assure all participating safety-net providers become NCQA 2014 Level 3 PCMH certified or APCM.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Ensure that all safety net providers participating in medical villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	DY3 Q4	Project	N/A	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Nursing Home	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. Work with participating providers, not currently using		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
EHRs, to incentivize EHR adoption for patient care management.										
Task M1:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.		Project		In Progress	02/12/2016	03/31/2018	02/12/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #9 Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2	DY3 Q4	Project	N/A	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. Perform a current state assessment of participating safety-net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2. Develop a practice-specific action plan to implement necessary changes to workflows and documentation to improve performance on achieving the MU Stage 2 requirements.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Ensure clinician and staff training on new processes is conducted.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Create a contingency plan for organizations that are at risk		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
of not achieving Meaningful Use Stage 2 for all utilized systems. Included in this plan will be additional strategies to assist organizations toward completing these requirement.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Transform outdated (underperforming) nursing home capacity into a stand-alone emergency department/urgent care center or other healthcare-related purpose.	
Provide a clear statement of how the infrastructure transformation program will promote better service and outcomes (service volume, occupancy statistics, etc.) for the community based upon the community needs assessment including, evaluation of specific planning needs for any Naturally Occurring Retirement Community (NORC) occurring within the PPS.	
Provide a clear description of how this re-configured facility will fit into a broader integrated delivery system that is committed to high quality care and willing/able to participate in payment reform.	
Provide clear documentation that demonstrates housing plans are consistent with the Olmstead Decision and any other federal requirements.	
Identify specific community-based services that will be developed in lieu of these beds based upon the community need.	
Use EHRs and other technical platforms to track all patients engaged in the project.	
Ensure that all eligible participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	
Ensure that all safety net providers participating in medical villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
patient record look up.	
Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 2.a.v.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.a.v.5 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project 2.b.iii – ED care triage for at-risk populations

✓ IPQR Module 2.b.iii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

The primary risk for 2.b.iii relates to practitioner engagement. Currently most healthcare practitioners and health systems function as silos due to the current fee-for-service payment system. Without their active participation in our efforts to redesign the delivery of care management services system-wide, we will face substantial hurdles in implementing the steps necessary to achieve this project's milestones. Strong linkages to Level 3 PCMH primary care sites are essential to the success of this project. The inability of primary care practices to achieve this recognition will create additional challenges. Currently, there is a barrier to integration of physical and behavioral health care services which compromises the care of individuals with mental health and chemical dependency disorders and chronic medical conditions. To mitigate this risk, we will:

- The CQAC in collaboration with the PMO will create teams, led by practicing clinician stakeholders, to develop clear lines of accountability and communication between relevant groups, and the development of clinical pathways using evidence-based standards of care and monitoring of clinical performance.
- With a dedicated team of experts, AMCH PMO will coach and support other primary care practitioners through the process of obtaining recognition as a Level 3 PCMH.
- Provide training and encourage a cultural shift across organizational boundaries to create a more collaborative, patient-centered approach whereby primary care practitioners are more attentive to behavioral health disorders.
- Assist our partners with the transition towards value based payments and away from traditional payment models.

A second risk to the successful implementation of this project is the reliance on IT infrastructure that is needed to support communication and data sharing between practitioners and organizations. The IT and data sharing survey conducted in November 2014 revealed that the partners within our PPS are at differing levels of IT capabilities and are on differing platforms, creating risks to integration. The current lack of infrastructure and capital and operating funding to support telemedicine, interoperability, real time connectivity, alerts and secure messaging limits successful implementation. Existing IT infrastructure is inadequate to support a region-wide interoperable system, and a comprehensive patient registry. Rolling out new tools for data sharing while trying to establish new lines of communication to coordinate care will be a complex challenge. To mitigate this risk, we will:

- Involve practitioners from our participating partners in the redesign and implementation of clinical IT and data sharing systems.
- Integrate a member of the AMCH Technology and Data Management Committee into the team to develop our clinical integration strategy.□



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 2.b.iii.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY2,Q4	3,534

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	1,313	1,768	2,652	3,534
	Quarterly Update	6,011	7,060	0	0
	Percent(%) of Commitment	457.81%	399.32%	0.00%	0.00%
IA Approved	Quarterly Update	0	2,410	0	0
	Percent(%) of Commitment	0.00%	136.31%	0.00%	0.00%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mcintyc	Rosters	1_DY2Q2_PROJ2biii_MDL2biii2_PES_ROST_AMCH_PPS__2_B_III_FINAL_cumulative_F OR_MAPP_UPLOAD_6590.xlsx	AMCH PPS 2biii DY2 Patient Engagement	10/25/2016 01:44 PM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✅ IPQR Module 2.b.iii.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Establish ED care triage program for at-risk populations	DY2 Q2	Project	N/A	Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Stand up program based on project requirements		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Identify participating provider and/or sites, including Health Home providers, PCPs, Dentists, EDs, CBOs, Social Service agencies and care coordination providers.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Confirm participation of AMCH ED, Malta ED, Saratoga ED, and Columbia-Memorial ED as key stakeholders in this project.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. Establish ED care triage sub-committee with representation based on identified providers.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:4. Identify at-risk population and hotspots across the 5 county service area by analyzing member claims or other data to determine ED utilization patterns and share baseline metrics with project teams.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:5. Complete a project specific current state assessment of the participating providers' ED care triage programs.		Project		Completed	10/12/2015	03/31/2016	10/12/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:6. Working with WCC, assess current care coordinator/patient navigator staffing patterns in participating EDs.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:7. Define future state for the ED Care Triage program utilizing hot spotting and current state assessment. Evaluate viability of models of care for implementation: EMTALA screening/ Urgent Care diversion model, and care coordination/ patient navigator and medical home linkages.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:8. ED care triage sub-committee will develop a draft action		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1



New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
plan to implement steps necessary to achieve the identified future state ED care triage program across all participating EDs.										
Task M1:9. ED care triage sub-committee will select evidence-based guidelines for the prescription of narcotics and the appropriate use of I-STOP program in EDs.		Project		Completed	10/12/2015	03/31/2016	10/12/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:10. Submit draft ED care triage action plan including guidelines for the use of narcotics to the CQAC for review and approval.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:11. Submit ED care triage plan to the PPS Board for review and approval.		Project		Completed	04/01/2015	03/31/2020	09/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:12. Assess existing workflows, referral patterns, access to primary care services and HIT capabilities for each participating ED site.		Project		Completed	10/19/2015	03/31/2016	10/19/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:13. Complete gap analysis between the current state assessment and defined future state at the participating ED sites.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:14. Utilizing gap analysis and future state model, identify change activities and begin plan implementation utilizing the PDSA methodology.		Project		Completed	04/01/2015	03/31/2020	09/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:15. Identify future state care coordination/patient navigator staffing models in participating EDs and create a staffing plan including job descriptions and training requirements.		Project		Completed	01/04/2016	06/30/2016	01/04/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:16. Assist ED sites with staff recruitment, training and ongoing competency assessment.		Project		Completed	04/01/2015	03/31/2020	09/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:17. Working with neighboring PPSs, AMCH TDMC and HIXNY, evaluate the feasibility of developing and implementing a system to exchange patient information electronically among local EDs.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:18. Implement processes across PPS to connect patients with non-emergency needs to receive an appointment to see a primary care provider with whom they can establish a relationship.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2



New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:19. Working with CCHLC, develop culturally competent patient education materials on the appropriate use of ED services and benefits of primary care services offered at a PCMH.		Project		Completed	06/15/2016	09/30/2016	06/15/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:20. Provide training for ED providers and staff in how to talk to patients about where they should receive care for non-emergent needs.		Project		Completed	04/01/2015	03/31/2020	09/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:21. Provide training for ED providers regarding the implementation of guidelines for prescription of narcotic use.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:22. Identify process metrics as well as data collection methods to facilitate evaluation reporting and implementation.		Project		Completed	04/01/2015	03/31/2020	09/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:23. Designate ED staff to review evaluation reports regarding ED utilization and to take appropriate action to assure adherence to project objectives.		Project		Completed	04/01/2015	03/31/2020	09/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable	DY2 Q2	Project	N/A	In Progress	10/05/2015	09/30/2016	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	10/05/2015	09/30/2016	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2

Providers Associated with Completion:



New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Assevero Anna-Maria D Md; Baldini Gleda P Md; Brown Sheryl; Clark Catherine Nielsen; Ditursi Mary Kathleen Williams; Harde Has Mukh C Md; Hechanova Arnel B Md; James Philip C Md; Kelleher Ruth Ellen; Mack Brigid; O'Brien Joanne Elizabeth; Owen Claudina; Paeglow Robert John Md; Ray David Allan Md; Sacco Joseph P Md; Sgarlata Donna L; Signor Connie J; Stetzer Lee; Tomiak Henry P Jr Md; Young Linda										
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs		Provider	<u>Safety Net Hospital</u>	Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:										
Albany Medical Ctr Hospital; Columbia Memorial Hospital										
Task M1:1. Establish a project sub-committee with representation from participating primary care practitioners, to facilitate and assure achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY3.		Project		Completed	10/19/2015	09/30/2016	10/19/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home, as well as current certifications.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:4. Perform a practice-specific gap analysis to determine the financial, technical and operational support needed to assure successful recognition by DY3.		Project		In Progress	04/01/2015	03/31/2020	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:5. Based on the gap analysis, establish priorities and develop a practice-specific action plan to achieve the recognition and transform the care delivery model.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM.		Project		In Progress	12/07/2015	09/30/2016	12/07/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:7 Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY 3.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:8. Facilitate partnerships between participating EDs and		Project		In Progress	04/01/2015	03/31/2020	09/01/2016	03/31/2018	03/31/2018	DY3 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
community primary care providers including PCMHs to develop open-access models to assure timely access.										
Task M1:9. The ED care triage sub-committee will draft process and procedures to assure timely access and effective communication for care transitions between the ED and community primary care practices.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:10. CQAC will review and approve the draft procedures.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:11. Designate staff at participating community sites to serve as contacts for ED care coordinators/patient navigators for access and care coordination needs.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:12. Provide training to ED and practice staff on the new protocols to assure adherence.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:13. ED care coordinator/patient navigator will assure timely notification to the patient's Health Home care manager as applicable.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:14. Monitor on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Perform a current state assessment of participating safety-net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M2:2. Develop a practice-specific action plan to implement necessary changes to workflows and documentation to improve performance on achieving the MU Stage 2 requirements.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:3. Ensure clinician and staff training on new processes is conducted.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M3:1. Conduct an analysis of current state PCPs and EDs ability to utilize secure messaging systems and alerts internally and		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
externally.										
Task M3:2. Define future state in terms of PPS-wide ENS utilization and technical parameters.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M3:3. AMCH PMO, in consultation with the TDMC, will identify and contract with a vendor for PPS-wide secure messaging and alerts through ADT feeds.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:4. Ensure installation of ENS service in PCP offices and EDs as necessary and appropriate.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	DY2 Q2	Project	N/A	Completed	01/04/2016	09/30/2016	01/04/2016	09/30/2016	09/30/2016	DY2 Q2
Task A defined process for triage of patients from patient navigators to non-emergency PCP and needed community support resources is in place.		Project		Completed	01/04/2016	09/30/2016	01/04/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. ED care triage sub-committee will develop criteria for effective, timely and efficient management of patients presenting to ED with minor illnesses.		Project		Completed	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:2. Identify and select nationally recognized best practice evidenced-based processes of ED care triage for patients presenting without PCPs.		Project		Completed	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:3. Establish policies and procedures to assure timely referral from ED clinical staff to patient navigators for effective linkages to PCP.		Project		Completed	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:4. Assess current state of staffing and systems in place to		Project		Completed	01/04/2016	03/31/2016	01/04/2016	03/31/2016	03/31/2016	DY1 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
support effective patient navigation.										
Task M1:5. Define desired state of utilizing the patient navigators and community referrals to assist patients who do not have a primary care provider with timely access to community primary care.		Project		Completed	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:6. Submit identified ED patient navigator processes to the CQAC for review and approval.		Project		Completed	06/22/2016	06/30/2016	06/22/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:7. Submit identified ED patient navigator processes to the PPS Board for final approval.		Project		Completed	06/17/2016	06/30/2016	06/17/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:8. Assess future staffing resources needed to support timely access to patient navigators and primary care providers.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:9. Working in collaboration with WCC, develop additional trainings to providers and staff on the role of patient navigators in ED.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:10. Assist participating providers in creating and developing processes and protocols to transition from identified current state to the ideal future state that enables referrals of patients by patient navigators to non-emergency based PCP's, CBOs and other community based supports as appropriate.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:11. Conduct educational programs to participating sites and providers.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:12. Identify project participating non-emergency PCPs, CBOs and any other community support resources.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:13. Assess current state of access to primary care at identified PCMH sites and other CBOs for referrals from EDs.		Project		Completed	01/04/2016	09/30/2016	01/04/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	DY2 Q2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has protocols and operations in place to transport non-acute		Provider	Safety Net Hospital	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
patients to appropriate care site. (Optional).										
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q2	Project	N/A	Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Articulate the scope, objectives and requirements of a patient tracking system to support effective population health management across PPS entities.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. Implement training sessions to educate participating partners on how to utilize the additional technical platforms.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Utilize the population health IT vendor to support the needs of the PPS and individual organizations/practices to track their population groups for population health management needs.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Generate required reports on the performance of individual and population health interventions implemented by the practice teams.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Establish ED care triage program for at-risk populations	mcintyc	Quarterly Report (no attachment necessary)	1_DY2Q2_PROJ2biii_MDL2biii3_PRES1_QR_Provider_speed_commitment_20161026_7327.xlsx	AMCH PPS ED Care Triage Provider commitment list	10/28/2016 12:38 PM
	mcintyc	Meeting Materials	1_DY2Q2_PROJ2biii_MDL2biii3_PRES1_MM_BOD_Approvals_7079.pdf	AMCH PPS BOD Approvals	10/27/2016 12:47 PM
	mcintyc	Policies/Procedures	1_DY2Q2_PROJ2biii_MDL2biii3_PRES1_P&P_ED_Project_Milestone_1_FINAL_20160929_6592.pdf	AMCH PPS ED care triage program	10/25/2016 01:47 PM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable	mcintyc	EHR/HIE Reports and Documentation	1_DY2Q2_PROJ2biii_MDL2biii3_PRES2_EHR_Saratoga_Alerts_DSRIP_9-30(PMH)M3_6632.pdf	AMCH PPS Milestone 2 Metric 3 ENS	10/25/2016 03:12 PM
	mcintyc	EHR/HIE Reports and Documentation	1_DY2Q2_PROJ2biii_MDL2biii3_PRES2_EHR_Binder_of_Certification_Letters_M2_6630.pdf	AMCH PPS Certification Letters	10/25/2016 03:08 PM
For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	mcintyc	Other	1_DY2Q2_PROJ2biii_MDL2biii3_PRES3_OTH_2biii_remediation_narrative_20161213_7847.docx	2biii milestone 3 remediation narrative	12/15/2016 09:54 AM
	mcintyc	Other	1_DY2Q2_PROJ2biii_MDL2biii3_PRES3_OTH_AMCH_PPS_-_ED_Care_Triage_Project-Proposed_IT_Enterprise_Arch_v5_7846.pdf	AMCH PPS - ED Care Triage Project-Proposed IT Enterprise Arch v5	12/15/2016 09:53 AM
	mcintyc	Other	1_DY2Q2_PROJ2biii_MDL2biii3_PRES3_OTH_Columbia_Memorial_Hospital_Patient_Navigator_Job_Description_08032016_7844.docx	Columbia_Memorial_Hospital_Patient_Navigator_Job_Description	12/15/2016 09:53 AM
	mcintyc	Other	1_DY2Q2_PROJ2biii_MDL2biii3_PRES3_OTH_Saratoga_Hospital_Navigator_Job_Description_7843.doc	Saratoga Hospital Navigator Job Description	12/15/2016 09:52 AM
	mcintyc	Meeting Materials	1_DY2Q2_PROJ2biii_MDL2biii3_PRES3_MM_BOD_Approvals_7110.pdf	AMCH PPS BOD Approval	10/27/2016 01:32 PM
	mcintyc	Policies/Procedures	1_DY2Q2_PROJ2biii_MDL2biii3_PRES3_P&P_Columbia_Memorial_Hospital_2.b.iii_P1_09302016_7108.pdf	AMCH PPS policy	10/27/2016 01:31 PM
	mcintyc	Other	1_DY2Q2_PROJ2biii_MDL2biii3_PRES3_OTH_AMC_EDTriageFlow-CurrentState-FutureState_6599.docx	AMCH PPS ED Triage Flow Current to Future State	10/25/2016 02:00 PM
	mcintyc	Policies/Procedures	1_DY2Q2_PROJ2biii_MDL2biii3_PRES3_P&P_ED_Patient_Navigation_FunctionsProcessProtocols_20160906_v2_6598.pptx	AMCH PPS ED Patient Navigation Functions Process Protocols	10/25/2016 01:59 PM
	mcintyc	Policies/Procedures	1_DY2Q2_PROJ2biii_MDL2biii3_PRES3_P&P_Saratoga_Hospital_Care_Management_in_the_ED_Policy_6597.docx	Care Management Policies	10/25/2016 01:57 PM
	Use EHRs and other technical platforms to track all patients engaged in the project.	mcintyc	Other	1_DY2Q2_PROJ2biii_MDL2biii3_PRES5_OTH_2biii_Milestone_5_Metric_1_Narrative_7854.docx	2biii Milestone 5 Metric 1 Remediation Narrative
mcintyc		EHR/HIE Reports and Documentation	1_DY2Q2_PROJ2biii_MDL2biii3_PRES5_EHR_Catholic_Charitys_Use_of_Hixny_in_the_Care_Coordination_Process_7853.pdf	Catholic Charities Use of Hixny in the Care Coordination Process	12/15/2016 09:58 AM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	mcintyc	EHR/HIE Reports and Documentation	1_DY2Q2_PROJ2biii_MDL2biii3_PRES5_EHR_CMH_making_appts_for_patients_when_leaving_ED_7852.pdf	CMH making appts for patients when leaving ED.	12/15/2016 09:57 AM
	mcintyc	EHR/HIE Reports and Documentation	1_DY2Q2_PROJ2biii_MDL2biii3_PRES5_EHR_Partner_ED_alerts_for_tracking_actively_engaged_patients_seen_in_ED_pg.6_7851.pdf	Partner ED alerts for tracking actively engaged patients seen in ED pg.6.	12/15/2016 09:57 AM
	mcintyc	EHR/HIE Reports and Documentation	1_DY2Q2_PROJ2biii_MDL2biii3_PRES5_EHR_Partner_Hixny_alerts_example_of_tracking_patients_seen_in_ED_pg_4_7850.pdf	Partner Hixny alerts example of tracking patients seen in ED pg 4	12/15/2016 09:56 AM
	mcintyc	Screenshots	1_DY2Q2_PROJ2biii_MDL2biii3_PRES5_SS_Saratoga_Hospital_DSRIP_9-30(PMH)_7849.pdf	Saratoga Hospital DSRIP 9-30(PMH).	12/15/2016 09:56 AM
	mcintyc	Templates	1_DY2Q2_PROJ2biii_MDL2biii3_PRES5_TEMPL_2biii_patient_engagement_template_6600.xlsx	AMCH PPS Patient Engagement Template	10/25/2016 02:03 PM
	mcintyc	Rosters	1_DY2Q2_PROJ2biii_MDL2biii3_PRES5_ROST_2.b.iii_Registries_6383.xlsx	AMCH PPS 2biii Registry	10/21/2016 02:34 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish ED care triage program for at-risk populations	<p>In May 2016, the AMCH PMO and the ED Care Triage Project Subcommittee outlined the ED Care Triage Program document that will help guide the future implementation of this project beyond milestone completion.</p> <p>The ED Care Triage Program consists of a 4-pronged approach including 1) expansion of access to primary care and alternate settings, 2) focused effort on frequent ED users and at-risk individuals, 3) expansion of access to behavioral health services, and 4) delivery of culturally, linguistically and socially relevant patient education on the appropriate ED use. The framework of this approach was adopted and revised from the Center for Medicaid & CHIP Services Information Bulletin on "Reducing Nonurgent Use of Emergency Departments and Improving Appropriate Care in Appropriate Settings".</p> <p>In order to meet the project objective of developing an evidence-based care coordination and transitional care program, the AMCH PPS placed an emphasis on expanding access to community-based primary care and behavioral health services as part of the ED Care Triage Program. The AMCH PPS's Primary Care Plan closely aligns with strategies that are outlined in this document for expanding PCP access. This program also highlights the importance of linking high-risk patients with care management services and shifting culture by providing patient education on appropriate ED use. These four strategies were developed based on evidences that strengthening community-based services and supporting patients with case management services are effective in reducing avoidable ED uses.</p> <p>This document also explains necessary resources for successful implementation such as human resources, IT infrastructure, appropriate training resources and community-based resources. In addition, a few expected challenges, such as workforce challenges, difficulty of shifting culture, and limited resources for full IT connectivity, were discussed with appropriate mitigation strategies.</p> <p>To date, several implementation efforts have been made to support our four strategies. First, one of our hospital partners received two NYSDOH grants through EHCPSP-I and CRFP to accelerate the expansion of primary care services in their region, and many more primary care expansion efforts laid out in our Primary Care Plan are in progress. Furthermore, a recently opened urgent care in Albany is located right across from the ED and serves as an alternative care setting for non-emergent patients. In the efforts to focus on frequent ED users and at-risk patients, we are working on identifying a centralized care management entity that would support the framework created under the Clinical Integration Strategy. In addition, we have provided an educational opportunity for ED providers to learn about Health Home services and created a standard opioid prescribing guideline that all three EDs have adopted. Lastly, the ED Care Triage Subcommittee developed and approved a patient educational material on</p>



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	<p>appropriate use of ED. The final draft of this document was reviewed and approved by the ED Care Triage Subcommittee in their June meeting on June 15, 2016. Subsequently, the Clinical and Quality Affairs Committee reviewed and approved on June 22nd, followed by approval the PPS Steering Committee on October 26th.</p>
<p>Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling.</p> <p>a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3.</p> <p>b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers.</p> <p>c. Ensure real time notification to a Health Home care manager as applicable</p>	<p>The AMCH PPS has facilitated partnerships between EDs and community-based primary care practices to enhance coordination of services for patients post-discharge from EDs. To date, there are four primary care sites in our PPS with NCQA 2014 Level 3 Medical Home recognitions, and many others are currently in the process of obtaining. The AMCH PPS recognizes the importance of this recognition as part of expanding access to primary care, which is the first strategy laid out in the ED Care Triage Program document (milestone 1). By facilitating and supporting the practices in their transformation, the AMCH PPS continues to address challenges related to limited access to primary care services after ED visits. Due to the importance of this recognition, AMCH PPS is in the process of launching efforts to hire a vendor to support true practice transformation in order to create a sustainable primary care network that supports DSRIP.</p> <p>In addition to assisting practice transformations, the AMCH PPS has established a partnership with HIXNY. All participating hospitals and practices are utilizing fully enabled Meaningful Use Stage 2 certified electronic health records and are bi-directionally connected to the RHIO/SHIN-NY via HIXNY. All safety net PCP providers and practices are currently working with HIXNY to refine the alerting and event notification process. To date, all practices affiliated to Saratoga Hospital subscribe to real-time ADT alerts when their patients are hospitalized or have Emergency Room encounters. We are actively working with other two hospitals to implement this capability with their affiliated primary care practices by defining the type of alert, content, recipient and delivery mechanism to align with DSRIP project requirements. For community-based PCP offices, about a third of practices participating in this project receive notifications when their patient has an ED encounter. The AMCH PPS plans to continue assisting partners to meet the technical requirements that are necessary for successful implementation of this project with the goal of decreasing avoidable ED utilization.</p>
<p>For patients presenting with minor illnesses who do not have a primary care provider:</p> <p>a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need.</p> <p>b. Patient navigator will assist the patient with identifying and accessing needed community support resources.</p> <p>c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).</p>	<p>In March 2016, the AMCH PPS, along with Accenture Consulting firm, formed a Clinical Integration workgroup as part of the broader goal to develop a Clinical Integration strategy for the PPS which also included a process for ED patient navigator. This workgroup consisted of representation from subject matter experts across the PPS, including representatives from three EDs. Key outputs gained from this work group consisted of standardizing ED/observation processes, transitions of care processes, readmission management, risk identification/stratification, and the standardization of clinical and supporting information exchanged at care transitions across the continuum. In addition, Accenture provided a recommendation for staffing necessary to fulfill the navigation role based on each ED's patient volume. The Clinical Integration Strategy was reviewed and approved by the Clinical and Quality Affairs Committee and the PPS Board in June 2016.</p> <p>In September 2016, the ED patient navigation process framework in the Clinical Integration Strategy was reviewed and shared with the ED Care Triage Subcommittee members for adoption in their facilities. The framework consists of the specific roles of patient navigator, such as addressing financial, logical, cultural/linguistic, and coordination barriers, and recommended patient flow for ED patients with less urgent issues. With consideration of this framework, each participating ED created patient navigation policies and procedures. The AMCH PMO reviewed these policies to determine whether they meet the minimum requirement with necessary core components of patient navigation. Once it met the requirement, the AMCH PPS asked each ED to be responsible for implementing this policy with newly hired patient navigators to assist patients with various social and medical needs.</p> <p>Along with the development of policies and procedures related to ED patient navigation, job descriptions of RN- and non-RN patient navigators were developed and distributed to all three hospitals for their recruitment efforts. To date, one of three hospitals have filled the position and have integrated patient navigator in their ED teams. Another hospital has recently hired an ED case manager and plans to fill the navigator positions in the next few weeks, while other remaining one is actively seeking candidates to fill the position. The AMCH PPS will continue to ensure that patient navigators are fully integrated in the ED teams and connect patients to community-based care to avoid future unnecessary ED visits.</p>
<p>Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)</p>	<p>The AMCH PPS conducted a baseline comprehensive survey in September 2015 in order to understand the current status of data collection within partner E.H.R. systems as well as any patient registries that organizations create on their own or report into from a population health perspective. Beginning in October of 2015, the AMCH PPS began collecting patient engagement data from partnering organizations that have a POA and BAA in place. For each of the projects that AMCH PPS is participating in, patients that received the defined services, such as a PHQ-2 or 9 in a primary care setting, were reported by secure means in a template registry form. This data included patient first name, last name, Medicaid/CIN, date of service, and NPI or organization reporting. Data is aggregated and de-duplicated on a quarterly basis and reported to DOH for quarterly reporting. Data registry enhancements became a contract deliverable in July of 2016 and each project required additional data elements on a monthly basis. Each patient registry contains Medicaid patient's first name, last name, CIN, Date of Service, NPI, and additional defining elements depending on the project.</p>



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	Project 2biii has two patient registries. For participating hospitals, patient registries include a comprehensive patient list of all Medicaid patients who have been seen in the ED three or more times in the last six months. For participating primary care practices, it is a list of patients that were sent from the primary care provider to the emergency department.
Use EHRs and other technical platforms to track all patients engaged in the project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Fail	The PPS did not complete this milestone by the prescribed deadline.
Milestone #3	Pass & Complete	
Milestone #4	Pass (with Exception) & Complete	This is an optional milestone.
Milestone #5	Pass & Complete	



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 2.b.iii.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.b.iii.5 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project 2.d.i – Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care

✓ IPQR Module 2.d.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

The 2.d.i project will face at least four challenges during implementation. The most significant risks focus on: 1) lack of community/patient engagement, 2) relevant real-time claims data 3) shortage of Patient Activation Measure (PAM) trained staff and 4) secure IT data sharing and communication.

Lack of patient engagement will make it difficult for individuals to take an active role in planning their own care. A lack of patient engagement may be due to language barriers, understanding medical conditions, cultural differences, age, gender, sexual orientation and socioeconomic status. This leads to disparities in care and disparate outcomes. Individuals who are not engaged in care may be harder to identify because there are no relevant claims data, or medical records that provide linkages to connect and engage them. In order to effectively track patient activation levels of the LU, NU and UI, relevant real time claims data is a necessity. A third risk when implementing 2.d.i, is a shortage of trained staff to conduct the PAM. The data captured by the PAM will be used for tracking and reporting in order to assist CBO's and others as they engage their clients. Providing training over the five-county area will be an intensive undertaking for the PMO. Another risk we face is this project's reliance on IT Infrastructure which is needed to support communication data collection and reporting. Many CBOs lack IT infrastructure including secure messaging, data storage, interoperability, and RHIO connectivity. This poses a risk in their abilities to manage data, and meet project deliverables.

However, with the aforementioned challenges, and others which are unforeseen, the PMO has established a plan for risk mitigation. To mitigate these risks, the PMO will:

- Collaborate with CBO partners to encourage patient engagement, participation, and use their leverage to community resources to reconnect beneficiaries to designated PCPs through the use of Patient Navigators and Community Navigators.
- Collaborate with CBO partners to identify hot spots for outreach and health navigation activities in key communities especially in underserved locations.
- Strategically place trained navigators at hot spots and ensure they have appropriate resources and materials to facilitate education related to health insurance coverage, age-appropriate primary and preventive healthcare services and resources.
- Collaborate with peer educators and other stakeholders, including consumers, to identify ways to build trust among target populations.
- Work with impacted sites and organizations to assist with training and technical support needed to ensure data is collected, entered and reported correctly.
- Utilize claims data to help identify hot spot areas of the LU, NU, and UI populations.
- Partner with MCOs to discuss data sharing and best practices for reconnecting beneficiaries to designated PCPs.
- Establish a PPS-wide team and train them in PAM. Utilization of the Train-the-Trainer method will allow for representatives from partnering organizations deliver the training and increase the number of PAM Trainers PPS-wide.
- Provide training to all necessary staff in cultural competency, health literacy, data documentation and reporting.
- Assist participating partners with IT infrastructure issues by pursuing step-wise strategies including manual data collection thru RHIO connectivity.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Encourage alternative cost effective approaches to data integrity and security access across the PPS network.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 2.d.i.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY3,Q4	22,667

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	15,300	15,946	17,365	18,837
	Quarterly Update	10,319	13,849	0	0
	Percent(%) of Commitment	67.44%	86.85%	0.00%	0.00%
IA Approved	Quarterly Update	0	9,014	0	0
	Percent(%) of Commitment	0.00%	56.53%	0.00%	0.00%

⚠ Warning: PPS Reported - Please note that your patients engaged to date (13,849) does not meet your committed amount (15,946) for 'DY2,Q2'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mcintyc	Rosters	1_DY2Q2_PROJ2di_MDL2di2_PES_ROST_AMCH_PPS_Actively_Engaged_Patient_Repo rt_2di_DY2Q2_n9014_3649_7237.xlsx	AMCH PPS DY2 2di Patient Engagement	10/27/2016 08:18 PM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its actively engaged commitments for DY2 Q2. The documentation does not support the reported actively engaged numbers.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✅ IPQR Module 2.d.i.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	DY3 Q4	Project	N/A	In Progress	07/16/2015	03/31/2018	07/16/2015	03/31/2018	03/31/2018	DY3 Q4
Task Partnerships with CBOs to assist in patient "hot-spotting" and engagement efforts as evidenced by MOUs, contracts, letters of agreement or other partnership documentation.		Project		In Progress	07/16/2015	03/31/2018	07/16/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. AMCH PMO, in collaboration with the CCAC, will engage key CBOs to assist with targeting populations to administer the Patient Activation Measure (PAM) and other potential patient activation techniques.		Project		Completed	07/16/2015	12/31/2015	07/16/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. AMCH PMO, in collaboration with the CCAC, will develop partnership agreements with key CBOs to administer the PAM tool in hot-spot areas.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. Identify safety-net providers that will establish agreements with CBOs to expand the reach of the PAM tool to appropriate hot-spot areas.		Project		In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	DY2 Q4	Project	N/A	In Progress	06/26/2015	03/31/2017	06/26/2015	03/31/2017	03/31/2017	DY2 Q4
Task Patient Activation Measure(R) (PAM(R)) training team established.		Project		In Progress	06/26/2015	03/31/2017	06/26/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will identify key CBOs and providers with resources available to participate in PAM training.		Project		Completed	06/26/2015	12/31/2015	06/26/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. AMCH PMO, in collaboration with neighboring PPSs, will		Project		Completed	07/16/2015	07/16/2015	07/16/2015	07/16/2015	09/30/2015	DY1 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
provide a "Train the Trainer" PAM technique workshop to appropriate PMO staff, as well as participating CBOs and healthcare providers.										
Task M1:3. Roll out "Train the Trainer" method across the five-county region, utilizing trained CBO and provider resources to administer training to staff in their organizations and or across their region.		Project		In Progress	08/15/2015	03/31/2017	08/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:4. Annual network capacity assessments will be conducted by the PMO to determine whether there are an appropriate numbers of trainers in each of the five counties to achieve engagement.		Project		In Progress	03/15/2016	03/31/2017	03/15/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:5. Annual competency assessments will be completed by the PMO to determine training skills of the PAM trainers.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	DY2 Q4	Project	N/A	In Progress	08/25/2015	03/31/2017	08/25/2015	03/31/2017	03/31/2017	DY2 Q4
Task Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged.		Project		In Progress	08/25/2015	03/31/2017	08/25/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will utilize the CNA and other data sources to identify "hot spot" areas of UI, NU, and LU and present them in map form.		Project		Completed	08/25/2015	12/31/2015	08/25/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. AMCH PMO will utilize CBOs to assist in identifying UI, NU, and LU patient hot spot areas based on their knowledge of the communities they serve. Hot spot areas will be submitted to the CCAC for review and recommendations.		Project		Completed	08/25/2015	12/31/2015	08/25/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. AMCH PMO will develop contracts or partnership agreements with key CBOs to perform outreach within the identified "hot spot" areas to engage UI, NU, and LU.		Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.	DY2 Q4	Project	N/A	In Progress	07/06/2015	03/31/2017	07/06/2015	03/31/2017	03/31/2017	DY2 Q4
Task Community engagement forums and other information-gathering mechanisms established and performed.		Project		In Progress	07/06/2015	03/31/2017	07/06/2015	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:1. AMCH PMO, in collaboration with the CCAC, will establish a community engagement plan. This plan will outline community events, forums, and other information-gathering mechanisms.		Project		Completed	07/06/2015	12/31/2015	07/06/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. AMCH PMO, in collaboration with the CCAC, will administer a population specific survey or other information gathering mechanisms, to identify healthcare needs. This survey will be conducted via participating providers or local community forums.		Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:3. AMCH PMO will participate or host community forums and community engagement events at least semi-annually.		Project		In Progress	12/07/2015	03/31/2017	12/07/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	DY3 Q4	Project	N/A	In Progress	06/26/2015	03/31/2018	06/26/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS Providers (located in "hot spot" areas) trained in patient activation techniques by "PAM(R) trainers".		Project		In Progress	06/26/2015	03/31/2018	06/26/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. AMCH PMO, with assistance from CCHLC, will identify participating providers with resources available to participate in PAM, shared decision making, cultural competency, and health literacy training.		Project		In Progress	06/26/2015	03/31/2018	06/26/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:2. AMCH PMO, in collaboration with neighboring PPSs, will provide a "Train the Trainer" PAM workshop to appropriate PMO staff and healthcare providers.		Project		Completed	07/16/2015	12/31/2015	07/16/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. Deploy trainers across the five-county region, utilizing staff to administer necessary and appropriate training to providers in their organizations.		Project		In Progress	01/11/2016	03/31/2018	01/11/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:4. Generate lists of all providers trained on the following: PAM, shared decision making, cultural competency and health literacy. Conduct, at least annually, competency based assessments of knowledge, skills, and abilities.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect	DY2 Q4	Project	N/A	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.										
Task Procedures and protocols established to allow the PPS to work with the member's MCO and assigned PCP to help reconnect that beneficiary to his/her designated PCP.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. After the opt-out process has been completed, the AMCH PMO will establish BAAs with appropriate MCOs that will allow the PPS to share lists of PCPs assigned to NU and LU enrollees from MCOs.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. AMCH PMO will reach out to participating PCPs and provide patient lists for verification, potential outreach and engagement efforts.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Revised lists will be shared with MCOs and PCPs to accurately present patients who belong to the PCP for activation purposes.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. AMCH PMO will engage appropriate CBOs who will use their leverage and knowledge of the communities they serve to help reconnect beneficiaries to designated PCPs.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:5. AMCH PMO will work with PPS partners to establish appropriate care coordination/patient navigation activities to assist CBOs and enable patients to become more engaged in care.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7	DY3 Q4	Project	N/A	In Progress	07/16/2015	03/31/2018	07/16/2015	03/31/2018	03/31/2018	DY3 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.										
Task For each PAM(R) activation level, baseline and set intervals toward improvement determined at the beginning of each performance period (defined by the state).		Project		In Progress	07/16/2015	03/31/2018	07/16/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. AMCH PMO, in collaboration with the three overlapping PPSs in the region, will provide a "Train-the-Trainer" PAM workshop.		Project		Completed	07/16/2015	12/31/2015	07/16/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Per the method developed by the state, the AMCH PMO will establish baseline cohort data of PAM activation levels.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:3. AMCH PMO will utilize data from PAM to develop strategies for patient engagement and re-engagement, utilizing participating CBOs and providers. These strategies will include designated intervals for reassessment, and will facilitate the tracking of improvement for each cohort.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:4. Data will be shared, at an aggregate level, across the PPS via dashboards and other means to facilitate tracking of patient activation score improvement.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Include beneficiaries in development team to promote preventive care.	DY2 Q4	Project	N/A	In Progress	03/02/2016	03/31/2017	03/02/2016	03/31/2017	03/31/2017	DY2 Q4
Task Beneficiaries are utilized as a resource in program development and awareness efforts of preventive care services.		Project		In Progress	03/02/2016	03/31/2017	03/02/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will identify eligible beneficiaries to participate in consumer interviews, focus groups, community forums, work groups, committees, and/or engagement activities to ensure sufficient input from consumers in the design of preventive care services across the PPS. These activities will be done in collaboration with the CCAC and the CQAC. Consumer feedback will be used across the PPS to make necessary modifications and other changes to the project implementation plan.		Project		In Progress	03/02/2016	03/31/2017	03/02/2016	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #9 Measure PAM(R) components, including: <ul style="list-style-type: none"> • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. <ul style="list-style-type: none"> • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis. 	DY3 Q4	Project	N/A	In Progress	07/16/2015	03/31/2018	07/16/2015	03/31/2018	03/31/2018	DY3 Q4
Task Performance measurement reports established, including but not limited to: <ul style="list-style-type: none"> - Number of patients screened, by engagement level - Number of clinicians trained in PAM(R) survey implementation - Number of patient: PCP bridges established - Number of patients identified, linked by MCOs to which they are associated - Member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis - Member engagement lists to DOH (for NU & LU populations) on a monthly basis 		Project		In Progress	07/16/2015	03/31/2018	07/16/2015	03/31/2018	03/31/2018	DY3 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
- Annual report assessing individual member and the overall cohort's level of engagement										
Task M1:1. AMCH PMO, in collaboration with overlapping PPSs, will provide a "Train-the-Trainer" PAM workshop.		Project		Completed	07/16/2015	12/31/2015	07/16/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. AMCH PMO will utilize performance measurement reports to determine the number of patients screened by engagement level. Patient status will be collected and, if UI, NU, or LU, assess and score the patient using PAM.		Project		In Progress	01/25/2016	03/31/2018	01/25/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:3. AMCH PMO will establish benchmarks based on annually calculated assessment scores averaged for the cohort. The cohorts will be followed for the entirety of the DSRIP program.		Project		In Progress	04/15/2016	03/31/2018	04/15/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:4. AMCH PMO will assess individual members' level of engagement with the goal of moving individual members to a higher activation level.		Project		In Progress	01/13/2016	03/31/2018	01/13/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:5. AMCH PMO will provide contact information to appropriate MCOs related to beneficiaries who complete a PAM evaluation. The AMCH PMO will provide engagement lists for NU and LU to the MCOs on a monthly basis. This information will be provided to the DOH on a quarterly basis.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. AMCH PMO will utilize performance measures to provide annual reports assessing individual members and the overall cohort's level of engagement.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	DY3 Q4	Project	N/A	In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Volume of non-emergent visits for UI, NU, and LU populations increased.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. AMCH PMO will evaluate ED utilization for NU, LU, and UI population attributed to the provider network.		Project		In Progress	06/06/2016	03/31/2018	06/06/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:2. AMCH PMO will work with designated patient navigators, care coordinators, and CBOs to educate targeted patients about alternatives to ED usage.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4



New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:3. AMCH PMO will track UI, NU, and LU targeted populations to longitudinally assess alternative healthcare system use over the life of the DSRIP project.		Project		In Progress	06/06/2016	03/31/2018	06/06/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:4. Reports will be generated regarding utilization of non-emergent services in comparison to baseline data for the target population annually.		Project		In Progress	06/06/2016	03/31/2018	06/06/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	DY3 Q4	Project	N/A	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task Community navigators identified and contracted.		Provider	PAM(R) Providers	In Progress	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.		Provider	PAM(R) Providers	In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. AMCH PMO will work with CBOs and other participating providers to identify and develop a team of community navigators to be trained in their region. These community navigators will have ties to their communities and basic knowledge of community resources.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:2. AMCH PMO will execute participation agreements with CBOs to develop a group of community navigators as identified in metric 1, step 1.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M2:1. AMCH PMO, in collaboration with the WCC and workforce training vendor, will select community navigator training materials specific to linkages for healthcare and community healthcare resources. This training will be implemented, evaluated, and provided to appropriate staff on an annual basis.		Project		In Progress	05/02/2016	03/31/2018	05/02/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	DY2 Q4	Project	N/A	In Progress	01/25/2016	03/31/2017	01/25/2016	12/31/2016	12/31/2016	DY2 Q3
Task Policies and procedures for customer service complaints and appeals developed.		Project		In Progress	01/25/2016	03/31/2017	01/25/2016	12/31/2016	12/31/2016	DY2 Q3



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:1. AMCH PMO will develop patient complaint and grievance policies, which will be reviewed and approved by the PAC prior to network-wide implementation. Drafts of these policies and procedures will also be reviewed by consumer focus groups facilitated by the CCAC.		Project		In Progress	01/25/2016	03/31/2017	01/25/2016	12/31/2016	12/31/2016	DY2 Q3
Task M1:2. The approved policies will be posted to the website, as well as presented at community forums, to clarify steps in the process and educate both patients and the community at large in terms of how to submit and what to expect.		Project		In Progress	04/01/2015	03/31/2020	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	DY2 Q4	Project	N/A	In Progress	07/16/2015	03/31/2017	07/16/2015	03/31/2017	03/31/2017	DY2 Q4
Task List of community navigators formally trained in the PAM(R).		Provider	PAM(R) Providers	In Progress	07/16/2015	03/31/2017	07/16/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will work with PPS partners to identify representatives in each hub who will serve as community navigators and be trained in PAM.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:2. AMCH PMO, in collaboration with Insignia and approved Train-the-Trainers, will utilize the PAM tool and conduct training to assist community navigators in patient activation and education. A list of all navigators formally trained in PAM will be maintained by the PMO and will be available upon request.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	DY3 Q4	Project	N/A	In Progress	12/05/2015	03/31/2018	12/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas.		Provider	PAM(R) Providers	In Progress	12/05/2015	03/31/2018	12/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. AMCH PMO will utilize the CNA to identify "hot spot" areas to assign navigators, as well as to identify various community events, health fairs, and high utilization EDs. 6		Project		In Progress	03/15/2016	03/31/2018	03/15/2016	03/31/2018	03/31/2018	DY3 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:2. Based on the identification of hot-spots, community events, and fairs, AMCH PMO will direct contracted CBOs to place navigators at these facilities and events to provide education to eligible individuals regarding the availability of health insurance coverage.										
Task M1:3. AMCH PMO will provide culturally appropriate materials to community navigators to assist in a standardized approach to educate eligible individuals, and link them to insurance as appropriate. The CBOs and navigators will provide reports on the number of individuals engaged and referred.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	DY3 Q4	Project	N/A	In Progress	05/02/2016	03/31/2018	05/02/2016	03/31/2017	03/31/2017	DY2 Q4
Task Navigators educated about insurance options and healthcare resources available to populations in this project.		Project		In Progress	05/02/2016	03/31/2018	05/02/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO, in collaboration with the WCC and workforce training vendor, will select community navigator training materials specific to insurance options and health resources available. This training will be implemented, evaluated, and provided to appropriate staff on an annual basis. In addition, AMCH PMO will provide culturally appropriate materials to the community navigators to assist in a standardized approach to educate eligible individuals, and link them to insurance as appropriate.		Project		In Progress	05/02/2016	03/31/2018	05/02/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	DY3 Q4	Project	N/A	In Progress	03/01/2018	03/31/2018	03/01/2018	03/31/2018	03/31/2018	DY3 Q4
Task Timely access for navigator when connecting members to services.		Project		In Progress	03/01/2018	03/31/2018	03/01/2018	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. AMCH PMO will work with participating providers to develop policies and procedures to ensure appropriate and timely access for navigators connecting patients to services.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Based on the approved policies and procedures, navigators will be connected to appropriate staff at service locations to obtain primary and preventative care services for		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
community members.										
Task M1:3. Contractual agreements will include evaluation criteria that allow for navigator feedback and specific reporting requirements to enable the PMO to determine adequacy of staffing, training needs, caseload ratios, and related items as identified for this project.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	DY2 Q4	Project	N/A	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Articulate the scope, objectives and requirements of a patient tracking system to support an effective patient registry and population health management across PPS entities.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems and patient registries.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of patients in registries as appropriate.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Implement training sessions to educate participating partners on how to utilize the registries and population health platforms.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Utilize the population health IT vendor to support the needs of the PPS and individual organizations/practices to track their registered patients.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Following quality improvement protocols, such as PDSA, evaluate clinical outcomes of patients in the registries and adjust clinical protocols and work flows as needed to improve outcomes.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	
Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	
Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	
Survey the targeted population about healthcare needs in the PPS' region.	
Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	
Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). <ul style="list-style-type: none"> • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104. 	
Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	
Include beneficiaries in development team to promote preventive care.	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Measure PAM(R) components, including: <ul style="list-style-type: none"> • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. <ul style="list-style-type: none"> • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis. 	
Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	
Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	
Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	
Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	
Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	
Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	
Milestone #12	Pass & Ongoing	
Milestone #13	Pass & Ongoing	
Milestone #14	Pass & Ongoing	
Milestone #15	Pass & Ongoing	
Milestone #16	Pass & Ongoing	
Milestone #17	Pass & Ongoing	



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 2.d.i.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 2.d.i.5 - IA Monitoring

Instructions :



New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project 3.a.i – Integration of primary care and behavioral health services

✓ IPQR Module 3.a.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

Risks for this project fall into three categories: logistical, financial/regulatory and organizational. The logistical risk relates to resource availability, including availability of clinical, counseling and office space, equipment, pharmacy resources, staff, IT, and materials. This project is dependent on these logistical resources in ways that others are not. The financial/regulatory risk relates to the need to create contracts with MCO's, to support payment for services, such as SBIRT and BH screenings. Alternative payment models for integrated care must be created allowing for co-located models in a VBP setting. For model 1, relevant staff will complete OASAS approved SBIRT training. Article 28 clinics will secure waivers allowing psychotherapy services by licensed practitioners. For Model 2, Article 31 clinical service providers will be required to secure waivers allowing on-site preventive, evaluation and management services. Model 3's will have to contract with a psychiatrist(s) to reflect consultation services. Article 28 clinics, allow individual and group psychotherapy services by licensed mental health practitioners, including clinical social workers. Lastly, BH staff must meet regulations required to Depression CM's including training on assessment, engagement, psychoeducational, and brief psychotherapeutic modalities as part of IMPACT. The third risk relates to organizational challenges. Changes to EHRs, new relationships and risks are inevitable for all models. Model 1 organizations will execute collaborative agreements with at least one outpatient specialty MH and outpatient SU treatment to extend services beyond on-site scope. Agreements will include access to care standards for referred patients, follow-up report standards, etc. Model 2 organizations will develop a collaborative agreement with specialty providers to address conditions beyond their on-site scope.

EHR will expand in decision support and pathways of care; Model 1 will expand to consider positive screenings for BH conditions, Model 2 will expand to include positive screenings for physical health conditions. Also, consulting agreements will be executed between PCMH and a consulting psychiatrist to provide the clinical and supervisory services described in the model. Similar agreements will be made with outpatient specialty mental health providers.

To mitigate these risks, the AMCH PMO and PPS will:

The Clinical Quality Affairs Committee (CQAC) led by the DSRIP Medical Director will create process and procedures to integrate providers. Workforce training vendors will provide resources for additional or new responsibilities. Working collaboratively with local NP, PA, social work, and psych program schools, behavioral health (BH) intern opportunities will be encouraged with job opportunities. Client-facing staff in all models will complete training on the new basic health challenges. This will include implementation of U.S. Preventative Services Task Force recommended screenings into clinical policy.

Model 3 risks are rooted in workflow changes and skill-set expansion. IMPACT combines a Care Manager (CM) and Consulting Psychiatrist to support the PCP, producing unique workflow risks. To prepare, providers will complete training on IMPACT and prescribing standards for basic psychotropic medications. Furthermore, relationships with the consulting psychiatrist will be established with primary care providers (PCP) to consult on complex cases. A similar relationship could be bridged with an Addiction Medicine specialist. Also, CM's and other staff must receive training on MDD symptomology, physiological effects, treatment options, self-management support, and Problem-Solving Treatment in PC. Eventually evidence-based protocols will be disseminated throughout organizations for universal screening of all patients with depression using PHQ-2.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 3.a.i.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY3,Q4	24,875

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	5,324	12,438	14,333	16,238
	Quarterly Update	13,096	14,973	0	0
	Percent(%) of Commitment	245.98%	120.38%	0.00%	0.00%
IA Approved	Quarterly Update	0	4,508	0	0
	Percent(%) of Commitment	0.00%	36.24%	0.00%	0.00%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mcintyc	Rosters	1_DY2Q2_PROJ3ai_MDL3ai2_PES_ROST_AMCH_PPS__3_A_I_FINAL_cumulative_FOR_MAPP_UPLOAD_6625.xlsx	AMCH PPS DY2 3ai Patient Engagement	10/25/2016 02:47 PM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its actively engaged commitments for DY2 Q2. The documentation does not support the reported actively engaged numbers.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 3.a.i.3 - Prescribed Milestones

Models Selected		
Model 1	Model 2	Model 3

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating eligible primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	DY3 Q2	Model 1	Project	N/A	In Progress	09/28/2015	09/30/2017	09/28/2015	09/30/2017	09/30/2017	DY3 Q2
Task All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	09/28/2015	09/30/2017	09/28/2015	09/30/2017	09/30/2017	DY3 Q2
Task Behavioral health services are co-located within PCMH/APC practices and are available.			Provider	Mental Health	In Progress	09/28/2015	09/30/2017	09/28/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQAC Level 3 PCMH recognition or APCM by DY 3.			Project		In Progress	10/19/2015	09/30/2017	10/19/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQAC Level 3 PCMH recognition or APCM.			Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current			Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
certifications.											
Task M1:4. Perform a practice-specific gap analysis to determine the financial, technical and operational support needed to assure successful recognition by DY3.			Project		In Progress	04/01/2015	03/31/2020	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQAC Level 3 certified or APCM.			Project		In Progress	12/07/2015	09/30/2017	12/07/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:7. Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY 3.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:8. Monitor progress on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:9. Track site specific certification to assure all participating safety-net providers become Level 3 PCMH certified or APCM.			Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:1. Establish behavioral health (BH) sub-committee to work in collaboration with the PPS wide PCMH sub-committee.			Project		Completed	10/19/2015	06/30/2016	10/19/2015	06/30/2016	06/30/2016	DY2 Q1
Task M2:2. Perform an assessment of participating practitioners' current behavioral health service delivery capabilities, work flow, IT infrastructure, interoperability, staffing, etc.			Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M2:3. Educate leadership within each organization participating in project of the benefits of co-located			Project		Completed	10/26/2015	06/30/2016	10/26/2015	06/30/2016	06/30/2016	DY2 Q1



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
behavioral health services within a primary care setting.											
Task M2:4. PCMH/BH sub-committee to develop evidence-based best practice models for co-locating behavioral health services in a primary care setting.			Project		In Progress	06/30/2016	09/30/2017	06/30/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:5. Perform gap analysis and identify key priorities to successful completion of co-located services.			Project		In Progress	06/30/2016	09/30/2017	06/30/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:6. Create a list of BH service providers available for co-location including BH organizations willing to establish partnership arrangements.			Project		In Progress	09/28/2015	09/30/2017	09/28/2015	09/30/2017	09/30/2017	DY3 Q2
Task M2:7. Develop alliances between BH service providers and primary care sites and, if required, complete written agreements between BH service providers and primary care sites.			Project		Completed	10/05/2015	03/31/2016	10/05/2015	03/31/2016	03/31/2016	DY1 Q4
Task M2:8. AMCH PMO will assist participating practitioners with obtaining the necessary waivers, licensure, and/or certification to provide the additional on-site services.			Project		Completed	10/05/2015	03/31/2016	10/05/2015	03/31/2016	03/31/2016	DY1 Q4
Task M2:9. MCOs will be engaged to ensure payment mechanisms are in place for co-location of services.			Project		In Progress	11/23/2015	09/30/2017	11/23/2015	09/30/2017	09/30/2017	DY3 Q2
Task M2:10. Develop an implementation work plan that addresses initial and ongoing training needs of the staff, sustainability issues, and reporting requirements.			Project		In Progress	06/01/2016	09/30/2017	06/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:11. Provide support, trainings, resources and education to participating providers as needed to ensure successful implementation of co-located behavioral health services.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:12. Provide training for all staff, including client-facing administrative staff, on the new protocols and their roles and responsibilities with respect to screening and treatment of behavioral health and			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
physical health conditions, consistent with scope of practice and licensure.											
Task M2:13. In collaboration with the WCC, ensure that relevant staff have completed an OASAS approved SBIRT training, prior to offering and billing for SBIRT services.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:14. Participating practitioners to develop protocols for after-hours access to care, whether through expanded hours or after-hours call line for triaging urgent conditions.			Project		In Progress	06/30/2016	09/30/2017	06/30/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:15. Monitor progress towards completion of co-located services, as well as sustainability by PMO.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 1	Project	N/A	In Progress	11/16/2015	03/31/2017	11/16/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		In Progress	11/16/2015	03/31/2017	11/16/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.			Project		In Progress	11/16/2015	03/31/2017	11/16/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Establish regularly scheduled meetings with leadership from participating providers to develop best practice protocols.			Project		Completed	11/16/2015	03/31/2016	11/16/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:2. Assist with identification of key team members needed at formal meetings who will assist with assigning roles and responsibilities for practice specific implementation and action plans to engage behavioral health specialists			Project		Completed	11/16/2015	12/31/2015	11/16/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. Finalize collaborative care practices, reviewed and approved by the Clinical and Quality Affairs Committee (CQAC).			Project		In Progress	04/21/2016	03/31/2017	04/21/2016	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:4. As a contractual requirement, participating providers will implement, at the minimum, weekly interdisciplinary team huddles to review current list of patients and ongoing development of team approach. Every other week interdisciplinary team meetings will focus on case consultation (at least monthly) and overall development of team approach.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. BH/PCMH sub-committee will review established evidence-based guidelines and protocols for BH co-location including medication management and care engagement processes. The sub-committee will draft guidelines that will be reviewed and adopted by the CQAC.			Project		In Progress	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task M2:2. Participating practices will develop site specific operational policies and procedures describing how evidence-based guidelines will be integrated into care at their sites (i.e. stepped treatment and medication algorithm and care engagement processes).			Project		In Progress	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:3. Develop and implement evidence-based care protocols, to include, managing positive screenings including follow-up assessment, crisis/high risk response plan, and treatment.			Project		In Progress	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:4. Monitor the outcomes of developed protocols and update evidence-based guidelines as needed with approval by CQAC.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	DY3 Q2	Model 1	Project	N/A	In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task Policies and procedures are in place to facilitate and document completion of screenings.			Project		In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task Screenings are documented in Electronic Health			Project		In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Record.											
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Develop protocols for universal screening for behavioral health conditions using evidence-based tools, including, at a minimum, use of PHQ-2 for depression and SBIRT screening tool for alcohol use.			Project		In Progress	04/21/2016	03/31/2017	04/21/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1: 2. Finalize policies and procedures to facilitate and document completion of the above screenings. These policies and procedures will be reviewed and approved by CQAC.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Policies will be disseminated for implementation. Technical assistance will be provided for participating providers to facilitate implementation based on gap analysis of current state and future implementation state.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Monitor outcomes and sustainability of implemented screening protocols by PMO.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Ensure a policy is established and implemented for timely documentation of screenings in the electronic health record.			Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:2. Ensure timely and accurate documentation in the electronic health record.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:1. Assess participating providers current rates of completion of PHQ-2 and SBIRT patient assessments tools.			Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2



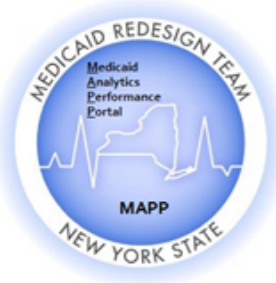
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M3:2. Develop a documented process to ensure completion of PHQ and SBIRT assessments for appropriate patients.			Project		In Progress	04/21/2016	09/30/2017	04/21/2016	09/30/2017	09/30/2017	DY3 Q2
Task M3:3. In collaboration with WCC, provide education and training of PHQ and SBIRT assessment tools, as needed.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:4. Ensure implementation of approved process for ongoing screenings.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:5. Monitor success towards completion of screenings on 90% of patients engaged in project, and provide improvement plans as needed to ensure success.			Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M4:1. Assess participating providers' current procedures for managing patients who receive a positive screening.			Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M4:2. Create and finalize policies on implementing "warm transfers" for patients who have a positive screening.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M4:3. Provide education/training as needed by sub-committee to ensure success.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M4:4. Implement "warm transfer" policies and procedures, as well as instructions on appropriate documentation in the electronic health record.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M4:5. Monitor outcomes and sustainability of implemented "warm transfer" protocols.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 1	Project	N/A	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient			Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4

**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**



Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
records.											
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. In collaboration with TDMC, perform a current state assessment of E.H.R. capabilities for integration.			Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Perform gap analysis and identify priorities to achieving integration of patient record. PPS will assist participating providers with increased awareness of HIXNY and SHIN-NY capabilities for implementation.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Technical support provided by PCMH sub-committee as needed.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Completion/confirmation of an integrated health record at each participating organization.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Assess E.H.R. connectivity and utilization patterns for each participating provider.			Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:2. Disseminate standardized IT protocols and data security requirements across the system.			Project		In Progress	06/15/2016	03/31/2017	06/15/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:3. Education/Training provided as needed to participating providers on how to utilize the technical platform.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Provide education/training as needed to participating providers on how to identify targeted patients and track those who are actively engaged for milestone reporting.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:5. Sub-committee to make recommendations to CQAC on best methods to track outcomes and quality indicators to ensure success.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:6. Implement CQAC's policy to track outcomes			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
and monitor progress.											
Milestone #5 Co-locate primary care services at behavioral health sites.	DY3 Q2	Model 2	Project	N/A	In Progress	09/28/2015	09/30/2017	09/28/2015	09/30/2017	09/30/2017	DY3 Q2
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	09/28/2015	09/30/2017	09/28/2015	09/30/2017	09/30/2017	DY3 Q2
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Mental Health	In Progress	09/28/2015	09/30/2017	09/28/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQAC Level 3 PCMH recognition or APCM by DY 3.			Project		Completed	10/19/2015	06/30/2016	10/19/2015	06/30/2016	06/30/2016	DY2 Q1
Task M1:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQAC Level 3 PCMH recognition or APCM.			Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.			Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:4 Perform a practice-specific gap analysis to determine the needed financial, technical and operational support needed to assure successful recognition by DY3.			Project		In Progress	04/01/2015	03/31/2020	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Create a learning collaborative for participating safety-net providers to assist in the development of			Project		In Progress	12/07/2015	09/30/2017	12/07/2015	09/30/2017	09/30/2017	DY3 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
necessary workflows and other changes to become NCQAC Level 3 certified or APCM.											
Task M1:7. Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY3.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:8. Monitor progress on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:9. Track site specific certification to assure all participating safety-net providers become NCQA Level 3 PCMH certified or APCM.			Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:1. Establish behavioral health (BH) sub-committee to work in collaboration with the PPS wide PCMH sub-committee.			Project		Completed	10/19/2015	06/30/2016	10/19/2015	06/30/2016	06/30/2016	DY2 Q1
Task M2:2. Perform an assessment of participating practitioners' current behavioral health and primary care service delivery capabilities, work flow, IT infrastructure, interoperability, staffing, etc.			Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M2:3. Educate leadership within each organization participating in the project about the benefits of co-located primary care services within a behavioral health service setting.			Project		Completed	10/26/2015	06/30/2016	10/26/2015	06/30/2016	06/30/2016	DY2 Q1
Task M2:4. BH/PCMH sub-committees to develop evidence-based best practice models for co-locating primary care services in a behavioral health service setting.			Project		In Progress	06/24/2016	09/30/2017	06/24/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:5. Perform gap analysis and identify key priorities to successful completion of co-located services.			Project		In Progress	06/24/2016	09/30/2017	06/24/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:6. Create a list of primary care service providers available for co-location including primary care service			Project		In Progress	09/28/2015	09/30/2017	09/28/2015	09/30/2017	09/30/2017	DY3 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
organizations willing to establish partnership arrangement.											
Task M2:7. Develop alliances between BH service providers and primary care sites and, if required, complete written agreements between BH service providers and primary care sites.			Project		Completed	10/05/2015	03/31/2016	10/05/2015	03/31/2016	03/31/2016	DY1 Q4
Task M2:8. Ensure that the participating practitioners have obtained the necessary waivers, licensure, and/or certification to provide the additional on-site services.			Project		Completed	10/05/2015	03/31/2016	10/05/2015	03/31/2016	03/31/2016	DY1 Q4
Task M2:9. MCOs will be engaged to ensure payment mechanisms are in place for co-location of services.			Project		In Progress	11/23/2015	09/30/2017	11/23/2015	09/30/2017	09/30/2017	DY3 Q2
Task M2:10. Develop an implementation work plan that addresses; initial and ongoing training needs of the staff, sustainability issues, and reporting requirements.			Project		In Progress	06/01/2016	09/30/2017	06/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:11. Provide support, trainings, resources and education to participating providers as needed to ensure successful completion of co-located primary care services.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:12. In collaboration with the WCC, ensure that relevant staff have completed an OASAS approved SBIRT training, prior to offering and billing for SBIRT services.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:13. Ensure all client-facing staff complete training on chronic illness management including common physical health medications, preventive care, and chronic conditions.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:14. Participating practitioners to develop protocols for after-hours access to care, whether through expanded hours or after-hours call line for triaging urgent conditions.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:15. Ensure that the primary care service space has			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
been appropriately outfitted for compliance with NYS regulations and associated waivers.											
Task M2:16. Monitor progress towards completion of co-located services, as well as sustainability by PMO.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 2	Project	N/A	In Progress	11/16/2015	03/31/2017	11/16/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		In Progress	11/16/2015	03/31/2017	11/16/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.			Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Establish regularly scheduled meetings with leadership from participating providers to develop best practice protocols.			Project		Completed	11/16/2015	03/31/2016	11/16/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:2. Assist with identification of key team members needed at formal meetings who will assist with assigning roles and responsibilities for practice specific implementation and action plans to engage primary care specialists.			Project		Completed	11/16/2015	12/31/2015	11/16/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. Finalize collaborative care practices, reviewed and approved by the Clinical and Quality Affairs Committee (CQAC).			Project		In Progress	04/21/2016	03/31/2017	04/21/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:4. As a contractual requirement, participating providers will implement, at the minimum, weekly interdisciplinary team huddles to review current list of patients and ongoing development of team approach. Every other week interdisciplinary team meetings will focus on case consultation (at least monthly) and overall development of team approach.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. BH/PCMH sub-committees will review			Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
established evidence-based guidelines and protocols for primary care co-location including medication management and care engagement processes. The sub-committee will draft guidelines that will be reviewed and adopted by the CQAC.											
Task M2:2. Participating practices will develop site specific operational polices and procedures describing how evidence-based guidelines will be integrated into care at their sites (i.e. stepped treatment and medication algorithm and care engagement processes).			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Develop and implement protocols for screening, assessment, crisis/high risk response plan, and treatment including development of an integrated care plan, follow-up, and management for at least one target condition (e.g., diabetes, hypertension, obesity, chronic pain).			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Monitor the outcomes of developed protocols and update evidence-based guidelines as needed with approval by CQAC.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #7 Conduct preventive care screenings, including physical and behavioral health screenings.	DY3 Q2	Model 2	Project	N/A	In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Screenings are documented in Electronic Health Record.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task At least 90% of patients receive primary care services, as defined by preventive care screenings at the established project sites (Screenings are defined as physical health screenings for primary care services and industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT for behavioral health).			Project		In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Positive screenings result in "warm transfer" to behavioral health or primary care provider as indicated by screening as measured by documentation in Electronic Health Record (EHR).			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task Positive screenings result in "warm transfer" to behavioral health or primary care provider as indicated by screening as measured by documentation in Electronic Health Record (EHR).			Provider	Mental Health	In Progress			07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Develop and implement protocols for universal screening for behavioral health conditions using evidence-based tools, including, at a minimum, use of PHQ-2 for depression and SBIRT screening tool for alcohol use.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Develop and implement clinic policies and procedures to reflect U.S. Preventive Services Task Force recommended screenings for all appropriate patients.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Provide training for all staff, including client-facing administrative staff, on the new workflows and operational protocols and their roles and responsibilities with respect to screening and treatment of behavioral health and physical health conditions consistent with scope of practice and licensure.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Monitor outcomes and sustainability of implemented screening protocols by PMO.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Ensure a policy is established and implemented for timely documentation of screenings in the electronic health record.			Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:2. Ensure timely and accurate documentation in the electronic health record.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:1. Assess participating providers current rates of			Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
completion of PHQ-2 and SBIRT patient assessments tools.											
Task M3:2. Develop a documented process to ensure completion of PHQ and SBIRT assessments for appropriate patients.			Project		In Progress	06/24/2016	09/30/2017	06/24/2016	09/30/2017	09/30/2017	DY3 Q2
Task M3:3. In collaboration with WCC, provide education and training of PHQ and SBIRT assessment tools, as needed.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:4. Ensure implementation of approved process for ongoing screenings.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:5. Monitor success towards completion of screenings on 90% of patients engaged in project, and provide improvement plans as needed to ensure success.			Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M4:1. Assess participating providers' current procedures for managing patients who receive a positive screening.			Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M4:2. Create and finalize policies on implementing "warm transfers" for patients who have a positive screening.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M4:3. Provide education/training as needed by sub-committee to ensure success.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M4:4. Implement "warm transfer" policies and procedures, as well as instructions on appropriate documentation in the electronic health record.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M4:5. Monitor outcomes and sustainability of implemented "warm transfer" protocols.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 2	Project	N/A	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task			Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
EHR demonstrates integration of medical and behavioral health record within individual patient records.											
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. In collaboration with TDMC, perform a current state assessment of E.H.R. capabilities for integration.			Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Perform gap analysis and identify priorities to achieving integration of patient record. PPS will assist participating providers with increased awareness of HIXNY and SHIN-NY capabilities for implementation.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Technical support provided by PCMH sub-committee as needed.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Completion/confirmation of an integrated health record at each participating organization.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Assess E.H.R. connectivity and utilization patterns for each participating provider.			Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:2. Disseminate standardized IT protocols and data security requirements across the system.			Project		In Progress	06/15/2016	03/31/2017	06/15/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:3. Education/Training provided as needed to participating providers on how to utilize the technical platform.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Provide education/training as needed to participating providers on how to identify targeted patients and track those who are actively engaged for milestone reporting.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:5. Sub committee to make recommendations to CQAC on best methods to track outcomes and quality indicators to ensure success.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M2:6. Implement CQAC's policy to track outcomes and monitor progress.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #9 Implement IMPACT Model at Primary Care Sites.	DY3 Q2	Model 3	Project	N/A	In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task PPS has implemented IMPACT Model at Primary Care Sites.			Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Establish behavioral health (BH) sub-committee to work in collaboration with the PPS wide PCMH sub-committee to guide the implementation of IMPACT Model at participating primary care sites.			Project		Completed	04/21/2016	06/30/2016	04/21/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:2. Perform an assessment of participating practitioners' current behavioral health and primary care service delivery capabilities, work flow, IT infrastructure, interoperability, staffing, etc.			Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:3. Educate leadership and clinicians within each organization participating in project of the benefits of IMPACT model.			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:4. BH/PCMH sub-committees to develop evidence-based best practice models for implementing IMPACT model at primary care settings.			Project		In Progress	06/30/2016	09/30/2017	06/30/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:5. Ensure that the participating practitioners have obtained the necessary waivers, licensure, and/or certification to provide the additional on-site services.			Project		In Progress	06/30/2016	09/30/2017	06/30/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:6. Work with Managed Care Organizations to facilitate adequate reimbursement for treatment interventions that are required elements of collaborative care models. These financial agreements may include fee-for-service, case rate, and pay-for-performance reimbursement schemes.			Project		In Progress	05/20/2016	09/30/2017	05/20/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:7. Develop an implementation work plan that addresses initial and ongoing training needs of the			Project		In Progress	06/01/2016	09/30/2017	06/01/2016	09/30/2017	09/30/2017	DY3 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
staff, sustainability issues, and reporting requirements.											
Task M1:8. In collaboration with the WCC, ensure that relevant staff have completed an OASAS approved SBIRT training, prior to offering and billing for SBIRT services.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:9. Participating practitioners to develop protocols for after-hours access to care, whether through expanded hours or after-hours call line for triaging urgent conditions.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:10. Monitor provider transformation sustainability and outcomes with implementation of IMPACT Model by the Project Management Office (PMO).			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	DY2 Q4	Model 3	Project	N/A	In Progress	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.			Project		In Progress	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures include process for consulting with Psychiatrist.			Project		In Progress	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. BH/PCMH sub-committee will review established evidence-based guidelines and protocols for the depression care management using the IMPACT model including medication management and care engagement processes. The sub-committee will draft guidelines that will be reviewed and adopted by the CQAC.			Project		In Progress	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:2. Participating practices will develop site specific operational policies and procedures describing how evidence-based guidelines will be integrated into care			Project		In Progress	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
at their sites (i.e. stepped treatment and medication algorithm and care engagement processes).											
Task M1:3. Develop and implement evidence-based care protocols for operationalizing IMPACT model, to include, follow-up assessment, crisis/high risk response plan, and treatment.			Project		In Progress	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:4. Monitor the outcomes of developed protocols and update evidence-based guidelines as needed with approval by CQAC.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Sub-committee will assess current participating providers best-practices to begin to formulate implementable policies and procedures for psychiatrist consultation.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:2. Develop draft evidence-based policies and procedures for consulting with a psychiatrist.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Finalize policies, procedures and protocols with approval by the CQAC.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. In collaboration with WCC, ensure appropriate staff are provided education, training and resources as needed for successful implementation of policies and procedures.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:5. Implement policies, procedures and protocols for successful consultation with psychiatrist.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:6. Monitor outcomes of developed policies, procedures and protocol and update as needed.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:1 Identify qualified staff member to serve as DCM and be identified as such in the Electronic Health Record (E.H.R.).			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. In collaboration with WCC, establish job description of DCM as defined by IMPACT model.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:2. Evaluate clinical competency of the DCMs to ensure that standards of the IMPACT model are met. In collaboration with the WCC, develop training protocols and procedures for DCM role to ensure they are efficient in all required IMPACT interventions.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Provide training to DCM on Major Depressive Disorder symptomatology, physiologic effects, and biopsychosocial cycle; treatment options including antidepressant medications (basics of dosing and side effects), Cognitive-Behavioral Therapy, and Interpersonal Therapy; self-management support through education, behavioral activation, Problem-Solving Treatment in Primary Care (PST-PC) and motivational interviewing (MI).			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Continuously monitor and re-evaluate the effectiveness of the individual/individuals in the DCM position to ensure that the requirements of IMPACT model continue to be met into the future.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task All IMPACT participants in PPS have a designated Psychiatrist.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:1. Establish contract or employment agreement with participating Psychiatrists to provide the clinical and supervisory services described in the IMPACT model.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Provide assistance with resources for successful training/hiring of designated psychiatrists to ensure they are able to adequately perform the requirements of the position as created in Milestone 12; metric1; step 1.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Continuously monitor and evaluate the availability of psychiatrists to adequately perform the requirements of the model.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #13 Measure outcomes as required in the IMPACT Model.	DY3 Q2	Model 3	Project	N/A	In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Assess participating providers current rates of completion of PHQ-2 and SBIRT patient assessments tools.			Project		Completed	04/01/2016	09/30/2017	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. Develop a documented process to ensure completion of PHQ and SBIRT assessments for appropriate patients.			Project		In Progress	04/21/2016	09/30/2017	04/21/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:3. In collaboration with WCC, provide education and training of PHQ and SBIRT assessment tools, as needed.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Ensure implementation of approved process for ongoing screenings.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Monitor success towards completion of screenings on 90% of patients engaged in project, and			Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
provide improvement plans as needed to ensure success.											
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	DY3 Q2	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Draft protocols to adjust treatment according to evidence-based algorithm if a patient is not improving, including a patient evaluation 10-12 weeks after the start of the treatment plan.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Implement protocols related to patient evaluation at the 10-12 week mark after treatment plan approval by the CQAC.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Monitor outcomes to ensure success and ongoing sustainability of protocols.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 3	Project	N/A	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. In collaboration with TDMC, perform a current state assessment of E.H.R. capabilities for integration.			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:2. Perform gap analysis and identify priorities to achieving integration of patient record. PPS will assist participating providers with increased awareness of			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
HIXNY and SHIN-NY capabilities for implementation.											
Task M1:3. Technical support provided by PCMH sub-committee as needed.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Completion/confirmation of an integrated health record at each participating organization.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Assess E.H.R. connectivity and utilization patterns for each participating provider.			Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:2. Disseminate standardized IT protocols and data security requirements across the system.			Project		In Progress	06/15/2016	03/31/2017	06/15/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:3. Workflow and registries are created to track and trend PHQ-9 scores.			Project		In Progress	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:4. Education/Training provided as needed to participating providers on how to utilize the technical platform.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:5. Provide education/training as needed to participating providers on how to identify targeted patients and track those who are actively engaged for milestone reporting.			Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:6. Sub committee to make recommendations to CQAC on best methods to track outcomes and quality indicators to ensure success.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:7. Implement CQAC's policy to track outcomes and monitor progress.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Co-locate behavioral health services at primary care practice sites. All participating eligible primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Co-locate primary care services at behavioral health sites.	
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including physical and behavioral health screenings.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Implement IMPACT Model at Primary Care Sites.	
Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	
Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	
Designate a Psychiatrist meeting requirements of the IMPACT Model.	
Measure outcomes as required in the IMPACT Model.	
Provide "stepped care" as required by the IMPACT Model.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	
Milestone #12	Pass & Ongoing	
Milestone #13	Pass & Ongoing	
Milestone #14	Pass & Ongoing	
Milestone #15	Pass & Ongoing	



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✓ IPQR Module 3.a.i.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 3.a.i.5 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project 3.a.ii – Behavioral health community crisis stabilization services

✓ IPQR Module 3.a.ii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

Lack of capital funding to expand physical capacity to observe patients for up to 48 hours will put this project at risk. Without funding to build, construct, or repurpose licensed beds, it will be a challenge for participating providers to be successful. Additional risks include funding for additional staff to observe patients in crisis for up to 48 hours, as well as the readiness of MCOs to reimburse for services provided. Implementation of a collaboratively developed VBP agreement, as well as a process for funds flow will help to mitigate these risks across the PPS and will ensure that funding will be provided for all crisis intervention program services.

The success of this project will depend largely on participating provider, hospital, first responder and community buy-in. Development of best practice protocols, diversion strategies, and the willingness of community EDs to engage is essential. This same challenge will exist with mobile crisis units, community agencies, and local police units who may feel it would be "safer" to send a patient to the ED. Establishing a behavioral health sub-committee with leadership from each participating agency, as well as providing education and training will help mitigate these risks. The CQAC will work with hospital and crisis programs to develop the protocols for diversion and identify the resources they will need. Communication and education will be available for first responders and community agencies on the benefits of the diversion protocol, as well as how to utilize these services.

Staffing, training and timely resources are crucial. Willingness to participate in shared decision-making among medical professionals and substance abuse treatment providers may also provide challenges. The workforce training vendor will provide appropriate training in an effort to ensure that all staff are comfortable with any additional responsibilities. The CQAC will ensure processes and procedures are in place for system integration among performing providers. This committee will work closely with providers to ensure they are adequately prepared and are aware of resources available to them.

The availability of timely and appropriate community resources for referrals will be imperative to the success of this project. Formal access and responsiveness agreements will be created with community based providers, and tele-health services will be available when immediate community resources are unavailable. AMCH PMO will work collaboratively with two local NP schools, one PA school, one social work school, and two psychiatric program schools, and will encourage their support.

IT challenges exist within this project. Success will be dependent on HIXNY's readiness for behavioral health consents and standardization within HIXNY across our network. Implementation of cross-PPS EHR capabilities, including excel transfer in lieu of MAPP functionality will help to bridge the IT gap in the short term. As the DSRIP year progresses, we will have better access through care coordination, direct messaging, and additional data through the MAPP tool and SHIN-NY. This plan will be largely based on functionality of the MAPP tool and the availability of data through Salient and other data sources provided by the state.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 3.a.ii.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY3,Q4	7,531

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	2,081	2,277	3,021	3,766
	Quarterly Update	2,524	3,385	0	0
	Percent(%) of Commitment	121.29%	148.66%	0.00%	0.00%
IA Approved	Quarterly Update	0	2,119	0	0
	Percent(%) of Commitment	0.00%	93.06%	0.00%	0.00%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mcintyc	Rosters	1_DY2Q2_PROJ3aai_MDL3aai2_PES_ROST_AMCH_PPS__3_A_II_FINAL_cumulative_F OR_MAPP_UPLOAD_6623.xlsx	AMCH PPS 3aai DY2 Patient Engagement	10/25/2016 02:42 PM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 3.a.ii.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	DY3 Q2	Project	N/A	In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services.		Project		In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Establish an ad-hoc Behavioral Health (BH) Community Crisis Stabilization (BHCCS) workgroup under the auspices of BH sub-committee to oversee the development/enhancement of regionally-based behavioral health community crisis stabilization programs that include outreach, mobile crisis, and intensive crisis services.		Project		In Progress	10/19/2015	09/30/2017	10/19/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:2. The ad-hoc workgroup will be the lead author of the community crisis stabilization plan. The plan will be reviewed and approved by the CQAC.		Project		In Progress	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:3. Ensure participation of a broad spectrum of stakeholders in the planning process for crisis services in the community by engaging the CCAC, WCC, and CCHLC.		Project		In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:4. Utilizing the CNA, assess the adequacy of the current community-based services available across the PPS region, including timely community crisis intervention for consumers in behavioral health crisis.		Project		Completed	11/09/2015	12/31/2015	11/09/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:5. Establish agreements with at least one hospital with specialty inpatient psychiatric services, one hospital with specialty detoxification services, key PPS hospital emergency departments, key PPS health home providers, key PPS outpatient mental health providers, key PPS outpatient substance use providers, and key PPS ambulatory detox providers (if available), to coordinate and provide services as defined by the		Project		In Progress	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
crisis intervention plan.										
Task M1:6. Ensure that participating organizational contracts specify access and responsiveness standards, information sharing standards, care coordination protocols, designated leads for each organization for clinical collaboration, staff training topics and frequency.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:7. Execute contracts only to participating organizations that are licensed or designated by OMH/OASAS to provide specific crisis services described in the New York State Medicaid state plan or Home and Community-Based Services benefit package.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:8. Establish agreements for Psychiatric and Addiction Medicine consultation services to the crisis team that include specific response times consistent with New York State and local regulatory body guidance.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:9. Identify and implement evidence-based tools, such as Zero Suicide Toolkit to assess risk and stabilize patients in crisis.		Project		In Progress	04/11/2016	09/30/2017	04/11/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:10. Hire peer and recovery specialists with defined job functions that include responsibilities such as, handoff to a warm line for callers who primarily present to crisis team with need for talk support.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:11. In collaboration with the CCHLC and WCC, implement staff training program to train staff on: suicide risk assessment and interventions, safety planning, crisis stabilization and de-escalation techniques, motivational interviewing, working with police, working with peers, mental health first aid or other first-responder interventions, cultural competency, health literacy, and community resources availability.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:12. Collaborate with one local police department to evaluate the feasibility of starting programs like the Memphis Crisis Intervention Team (CIT) program.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	DY3 Q2	Project	N/A	In Progress	05/09/2016	09/30/2017	05/09/2016	09/30/2017	09/30/2017	DY3 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments).		Project		In Progress	05/09/2016	09/30/2017	05/09/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. BH subcommittee/ED Triage sub-committees will review current community and hospital protocols for diversion of patients with behavioral health crisis from emergency room and inpatient services, as appropriate.		Project		In Progress	05/09/2016	09/30/2017	05/09/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:2. BH sub-committee/ED Triage committee will research successful evidence-based programs for diversion management.		Project		In Progress	05/09/2016	09/30/2017	05/09/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:3. BH sub-committee/ED Triage committee will draft updates to protocols, if necessary, for approval by CQAC.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Educate, train and provide resources, as needed, for successful implementation of diversion management protocol by sub-committee and PMO.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Develop and implement regional diversion management protocols with PPS emergency departments under the direction of the CQAC.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Survey stakeholders and additional service users for regular feedback and potential opportunities for improvement.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:7. Monitor sustainability and outcomes of implemented diversion management protocol by PMO.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	DY3 Q2	Project	N/A	In Progress	11/05/2015	09/30/2017	11/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project.		Project		In Progress	11/05/2015	09/30/2017	11/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to evaluate current contractual arrangements with payers for possible amendments.		Project		In Progress	04/29/2016	09/30/2017	04/29/2016	09/30/2017	09/30/2017	DY3 Q2
Task		Project		In Progress	04/29/2016	09/30/2017	04/29/2016	09/30/2017	09/30/2017	DY3 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:2. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to develop a framework that can be applied across the regional provider network										
Task M1:3. AMCH PMO will work with Medicaid MCOs to implement a roadmap following appropriate Federal and State laws, regulations and guidelines.		Project		In Progress	04/29/2016	09/30/2017	04/29/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:4. AMCH PMO will work with its provider network to provide technical support and assistance to amend existing fee-for-service contracts.		Project		In Progress	04/29/2016	09/30/2017	04/29/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:5. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to negotiate required contracts with MCOs.		Project		In Progress	04/29/2016	09/30/2017	04/29/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:6. AMCH PMO, in collaboration with AMCH Integrated Delivery Systems Department, will discuss utilization trends, performance issues, and payment reform during monthly meetings with managed care organizations.		Project		In Progress	04/29/2016	09/30/2017	04/29/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:7. AMCH PMO will engage Medicaid MCOs in broader areas of concern to the PPS including financial sustainability, risk sharing, and compliance with competitive behaviors		Project		In Progress	04/29/2016	09/30/2017	04/29/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:8. AMCH PPS will execute negotiated contracts with MCOs to implement required elements of the CMS approved VBP roadmap.		Project		In Progress	04/29/2016	09/30/2017	04/29/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	DY2 Q4	Project	N/A	In Progress	05/09/2016	03/31/2017	05/09/2016	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop consensus on treatment protocols.		Project		In Progress	05/09/2016	03/31/2017	05/09/2016	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated treatment care protocols are in place.		Project		In Progress	05/09/2016	03/31/2017	05/09/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Convene a group of expert clinicians and specialists from participating organizations and establish regular meeting schedule to develop consensus on draft treatment protocols.		Project		In Progress	05/09/2016	03/31/2017	05/09/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:2. Assess participating providers current treatment protocols and guidelines for review by the PPS expert panel.										
Task M1:3. Finalize draft treatment protocols developed with consensus from participating practitioners.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. CQAC will review and approve the draft treatment protocols.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:2. Establish transition of care protocol, which includes personal contact by crisis team member during transition in care within one week post-transition.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Develop protocols to assure timely documentation, including same day documentation, but no later than 48 hours after the event.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Develop and implement ongoing training materials for all appropriate staff to keep them current on policies, procedures and treatment protocols.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:5. Monitor outcomes of developed protocols, with updates made as needed with approval by CQAC.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	DY2 Q4	Project	N/A	In Progress	10/26/2015	03/31/2017	10/26/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network		Project		In Progress	10/26/2015	03/31/2017	10/26/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Hospital	In Progress	10/26/2015	03/31/2017	10/26/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Establish agreements with at least one hospital with specialty inpatient psychiatric services and crisis-oriented psychiatric services.		Project		Completed	11/09/2015	12/31/2015	11/09/2015	12/31/2015	12/31/2015	DY1 Q3
Task		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:2. Establish agreements with at least one hospital with specialty detoxification services.										
Task M1:3. Establish agreements with key PPS hospital emergency departments, key PPS health homes providers, key PPS outpatient mental health and substance abuse providers.		Project		Completed	11/09/2015	12/31/2015	11/09/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:1. Based on the Community Needs Assessments (CNA), service wait time reports, and hot-spot maps, evaluate access to PPS-wide psychiatric services, and identify improvement areas.		Project		Completed	10/26/2015	12/31/2015	10/26/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:2. Identify areas of high need for pilot locations to potentially implement improvement steps in terms of access.		Project		In Progress	06/13/2016	03/31/2017	06/13/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:3. With approval of successful pilot, roll out improvement steps, working in collaboration with PPSs partners, to improve access.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	DY3 Q2	Project	N/A	In Progress	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.		Project		In Progress	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Hospital	In Progress	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Clinic	In Progress	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Mental Health	In Progress	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Establish participation agreements with hospitals with		Project		In Progress	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
observation units or off campus crisis residence locations for crisis monitoring.										
Task M2:1. Based on the information from Community Needs Assessments (CNA), evaluate access to PPS-wide crisis observation units or off campus crisis residence services, and identify gaps in available services.		Project		In Progress	06/13/2016	09/30/2017	06/13/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:2. Develop a comprehensive access assessment, including access plans for psychiatric and crisis-oriented services, access improvement plans, and access reports based on geography and wait times.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Based on access assessment, identify PPS resources available to close gaps and improve access, reduce wait times and facilitate after-hours care.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Working in collaboration with PPS partners, implement improvement steps to improve access.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	DY3 Q2	Project	N/A	In Progress	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS includes mobile crisis teams to help meet crisis stabilization needs of the community.		Project		In Progress	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2
Task Coordinated evidence-based care protocols for mobile crisis teams are in place.		Project		In Progress	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Establish agreements with regional mobile crisis teams to help meet crisis stabilization needs of the community		Project		Completed	11/09/2015	12/31/2015	11/09/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:1. BH sub-committee to review current protocols for mobile crisis team, including ability to screen, provide crisis intervention and supportive counseling services, and to provide information, referrals and linkages to appropriate CBOs for on going treatment.		Project		In Progress	06/13/2016	09/30/2017	06/13/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:2. BH sub-committee to recommend updates to current protocols, as necessary, based on evidence-based protocols and		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
guidelines.										
Task M2:3. Collaborate with community mobile crisis providers to implement regional protocols as necessary.		Project		In Progress	06/13/2016	09/30/2017	06/13/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:4. Provide support, training, education and resources as needed.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:5. Monitor success of developed protocols, updates made as needed with approval by CQAC.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	DY3 Q2	Project	N/A	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Alerts and secure messaging functionality are used to facilitate crisis intervention services.		Project		In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. In collaboration with TDMC, assess current capabilities of EHR systems across the participating provider organizations to determine their ability to integrate medical and behavioral health records within individual patient records.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:2. Collaborate with EHR vendors and participating providers to outline functionality for integrated medical records within their current systems and incentivize providers to adopt these functions.										
Task M1:3. Completion/confirmation of an integrated health record at each participating organization.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M2:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M2:3. Work with participating providers not currently using EHRs, to incentivize EHR adoption for patient care management.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task M2:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.		Project		In Progress	02/12/2016	03/31/2018	02/12/2016	03/31/2018	03/31/2018	DY3 Q4
Task M2:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task M3:1. Perform a current state assessment on the interconnected		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
systems' ability to send, receive and use alerts and secure messages to facilitate crisis intervention services.										
Task M3:2. Conduct a gap analysis between current state and future state of using alerts and secure messaging functionalities for timely care coordination.		Project		In Progress	02/12/2016	03/31/2018	02/12/2016	03/31/2018	03/31/2018	DY3 Q4
Task M3:3. Implement training and secure messaging to support the use of alerts across the PPS.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:4. Implement necessary technical and operational system changes needed to support the achievement of future state for use of alerts and secure messaging.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	DY3 Q2	Project	N/A	In Progress	09/30/2017	09/30/2017	09/30/2017	09/30/2017	09/30/2017	DY3 Q2
Task PPS has implemented central triage service among psychiatrists and behavioral health providers.		Project		In Progress	09/30/2017	09/30/2017	09/30/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Assess current policies, procedures and resources related to triage services among participating behavioral health providers.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Working with Psychiatrists and other Behavioral Health Providers, develop agreements for participating providers to establish/expand central triage services.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Finalize contracts with participating providers to be in agreement with policies, procedures and protocols after approval by CQAC.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Develop or update current protocols, if necessary, to augment central triage services to include: • Access to Peer Warm-Lines • Decision-making tool that leads to clinically appropriate interventions • Ability to deploy staff rapidly		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Develop work plans for outreach, education and training		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
regarding triage protocol and value of triage and diversion for: <ul style="list-style-type: none"> • Psychiatrists & Behavioral health providers • Law enforcement departments • Emergency responders, including police and EMT • Community shelters • Schools and universities • Nursing homes and other residential centers • Primary care providers • Consumer and advocacy groups 										
Task M1:6. Monitor success of triage service as well as sustainability by PMO.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	DY2 Q4	Project	N/A	In Progress	10/19/2015	03/31/2017	10/19/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.		Project		In Progress	10/19/2015	03/31/2017	10/19/2015	03/31/2017	03/31/2017	DY2 Q4
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.		Project		In Progress	10/19/2015	03/31/2017	10/19/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics.		Project		In Progress	10/19/2015	03/31/2017	10/19/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project.		Project		In Progress	10/19/2015	03/31/2017	10/19/2015	03/31/2017	03/31/2017	DY2 Q4
Task Service and quality outcome measures are reported to all stakeholders including PPS quality committee.		Project		In Progress	10/19/2015	03/31/2017	10/19/2015	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:1. Establish a Behavioral Health (BH) sub-committee under the auspices of the Clinical and Quality Affairs (CQA) Committee.		Project		Completed	10/19/2015	12/31/2015	10/19/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Assure representation from key medical and behavioral health practitioners participating in behavioral health related projects.		Project		Completed	10/19/2015	12/31/2015	10/19/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. CQAC will develop the charge for the BH sub-committee to oversee the effective implementation of goals and objectives of the BH projects.		Project		Completed	10/19/2015	12/31/2015	10/19/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:1. BH sub-committee will define the desired future state for each BH project, incorporating many perspectives including patient populations, practitioners, PPS partners and others.		Project		In Progress	05/09/2016	03/31/2017	05/09/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:2. BH sub-committee will assist in the development of a plan to identify quality improvement opportunities and related operational changes at clinical sites for the successful implementation of elements of project plans.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Sub-committee will document quality improvement activities including: data collection, data analysis, identification and implementation of improvement activities using the PDSA methodology.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Monitor outcomes of developed plan, updates made as needed with approval by CQAC.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:1. BH sub-committee will review all applicable BH metrics, including available baseline data.		Project		In Progress	05/09/2016	03/31/2017	05/09/2016	03/31/2017	03/31/2017	DY2 Q4
Task M3:2. Sub-committee will assist in prioritizing the key quality metrics and the development of action plans to identify causative factors of outcomes, develop improvement strategies, support metric evaluation and facilitate milestone reporting for their respective projects over the duration of DSRIP.		Project		In Progress	05/09/2016	03/31/2017	05/09/2016	03/31/2017	03/31/2017	DY2 Q4
Task M3:3. Implement action plans and monitor ongoing progress making adjustments as necessary.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task		Project		In Progress	06/14/2016	03/31/2017	06/14/2016	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M4:1. CQAC, in collaboration with vendor, will identify a medical record audit tool and auditing process, to ensure compliance with process and procedures developed.										
Task M4:2. As part of the participating provider agreement, AMCH PPS will ensure access to medical records for audit purposes.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M4:3. The sub-committee will conduct a semi-annual review to ensure adherence to project-specific processes and procedures, QA/QI activities, and the achievement of project objectives.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M5:1. The sub-committee will assist in the development of dashboards of quality metrics for ongoing performance improvement.		Project		In Progress	06/13/2016	03/31/2017	06/13/2016	03/31/2017	03/31/2017	DY2 Q4
Task M5:2. The sub-committee will provide quarterly updates to the AMCH PPS CQAC and other stakeholders on activities, results and next steps. Access to AMCH PPS web portal will be available in subsequent quarters for aggregated performance dashboards.		Project		In Progress	05/09/2016	03/31/2017	05/09/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Articulate the scope, objectives and requirements of a patient tracking system to support an effective population health management across PPS entities.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:4. Implement training sessions to educate participating partners on how to utilize the additional technical platforms.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:5. Utilize population health IT vendor to support the needs of the PPS and individual organization/practice to track their population groups for population health management needs.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Generate required reports on the performance of individual and population health interventions implemented by the practice teams.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	
Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	
Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	
Develop written treatment protocols with consensus from participating providers and facilities.	
Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	
Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	
Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	
Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	
Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	
Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 3.a.ii.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 3.a.ii.5 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project 3.b.i – Evidence-based strategies for disease management in high risk/affected populations (adult only)

✓ IPQR Module 3.b.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

There are several risks to this project, including the creation of evidence-based guidelines for disease management and obtaining provider buy-in. Changing care protocols will require the identification of physician champions to lead the initiatives and a significant number of providers will be required to adopt the established protocols. Many of these new care protocols will require additional staffing and training, which will be a cost born upon the organization. PCP and CBO participation is essential to make this project successful. It will also be imperative to get organizations to agree to open-access blood pressure measurements. Achieving NCQA 2014 Level 3 PCMH standards within the speed and scale constraints is a risk because of delays in patient attribution, opt-out, and related data issues.

This project also requires patient cooperation, which will be difficult to achieve. Relying on individual patients to actively participate in their care and be personally responsible for blood pressure measurements and self-management goals will be difficult. Finally, the inconsistency in technology from provider-to-provider will have to be reduced. Technology includes home monitoring equipment, which will require a coordinated effort to deploy and utilize.

The identified risks above can be mitigated through incentives, education, engagement, and innovative technology. In order to obtain provider, organization, PCP and CBO buy-in, incentives will be provided for the use of established care protocols. Physician champions will be offered additional stipends as leaders within the PPS. With new care guidelines, unnecessary ER visits could be reduced, thus decreasing the expenses to the participating MCOs. Patients will have to be educated and trained on proper use of equipment including home monitoring equipment. Providers will have to be diligent in their efforts to keep patients engaged. Finally, incentives will be provided to organizations that upgrade/update their technologies to be more in line with their PPS partners. To address PCMH certification timeline requirements, the PMO will expedite the learning collaborative and provide technical assistance to locations needing help and guidance in the certification process.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 3.b.i.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY2,Q2	7,179

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	6,102	7,179	6,461	7,179
	Quarterly Update	3,558	3,990	0	0
	Percent(%) of Commitment	58.31%	55.58%	0.00%	0.00%
IA Approved	Quarterly Update	0	657	0	0
	Percent(%) of Commitment	0.00%	9.15%	0.00%	0.00%

⚠ Warning: PPS Reported - Please note that your patients engaged to date (3,990) does not meet your committed amount (7,179) for 'DY2,Q2'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mcintyc	Rosters	1_DY2Q2_PROJ3bi_MDL3bi2_PES_ROST_AMCH_PPS__3_B_I_FINAL_cumulative_FOR_MAPP_UPLOAD_6634.xlsx	AMCH PPS 3bi DY2 Patient Engagement	10/25/2016 03:20 PM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its Actively Engaged commitments for DY2 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 3.b.i.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	DY2 Q2	Project	N/A	Completed	09/07/2015	09/30/2016	09/07/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.		Project		Completed	09/07/2015	09/30/2016	09/07/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Identify key stakeholders and participating provider organizations critical for successful project implementation.		Project		Completed	09/07/2015	09/30/2016	09/07/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. Create a PPS wide project sub-committee with representation from key stakeholders to oversee the project implementation.		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:3. Survey key stakeholders to assess current use and adherence to guideline-concordant care, range of services provided, and referral mechanisms.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:4. Working in collaboration with the project sub-committee and clinical experts across PPS, develop a draft document defining the future state for the management of cardiovascular disease utilizing evidence-based strategies.		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:5. Submit the draft future state document to Clinical and Quality Affairs committee for review and approval.		Project		Completed	11/23/2015	09/30/2016	11/23/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:6. Identify a participating provider organization located in a geographic area with high burden of cardiovascular disease across the PPS region and finalize agreements for piloting the new model.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:7. Complete a gap-analysis utilizing the current state		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
assessment and defined future state and, working in collaboration with the practice team, develop an action plan for the implementation of the new model.										
Task M1:8. Implement the approved action plan at the pilot participating provider site utilizing the PDSA approach.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:9. Monitor ongoing performance, analyze clinical and operational outcomes and identify timelines/practice sites for spread of successful tests of change.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:10. Implement PPS-wide CVD management program based on successful PDSA identified in steps 6-9.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	DY2 Q2	Project	N/A	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	<u>Safety Net Practitioner - Primary Care Provider (PCP)</u>	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:										
Assevero Anna-Maria D Md; Bala Virinchi; Baldini Gleda P Md; Brown Sheryl; Clark Catherine Nielsen; Harde Hasmukh C Md; Hechanova Arnel B Md; James Philip C Md; Mack Brigid; Manjunath Kallanna Md; O'Brien Joanne Elizabeth; Owen Claudina; Paeglow Robert John Md; Ray David Allan Md; Sacco Joseph P Md; Sgarlata Donna L; Sheehan Rebecca; Signor Connie J; Stein Rhonda Danielle Md; Stetzer Lee; Vasquez Deborah A Md; Young Linda; Zeltner Theodore Harold Md										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	<u>Safety Net Practitioner - Non-Primary Care Provider (PCP)</u>	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:										
Bailey Laura M; Cavaliere Rosella Md; Dodd Jack Edward Jr; Drzymalski Jolanta; Friedman Cynthia Susan; Gara Maureen; Gsell Jennifer Lee; Guccione Angela Lee Md; Hausman Julia H; Hinds Marcel Eldon Md; Kamenir Steven A Md; Kang Harriet Md; Marici Edward M Do; Martin Mary Anne; Priest Michael Richard; Scherer Harvey D; Steindler Jason Harrison; Weinberg Gerard Md										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	<u>Safety Net Mental Health</u>	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:										
Albany Medical Ctr Hospital; Columbia Memorial Hospital; Dodd Jack Edward Jr; Priest Michael Richard; Rehabilitation Supp Svcs C; Scherer Harvey D										
Task PPS uses alerts and secure messaging functionality.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:5. Utilizing the IT-TOM pilot experience, design the PPS wide future state connectivity model.		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.		Project		Completed	02/12/2016	06/30/2016	02/12/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task M2:1. Perform a current state assessment on the interconnected systems' ability to send, receive and use alerts and secure messages to facilitate timely care coordination and management.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M2:2. Define the future state and select appropriate vendor for implementation of alerts and secure messaging functionality by clinicians and staff across the Integrated Delivery System for safe and effective care transitions between EDs, Hospitals, specialists		Project		Completed	12/05/2015	09/30/2016	12/05/2015	09/30/2016	09/30/2016	DY2 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
and PCMH site.										
Task M2:3: Conduct a gap analysis between current state and future state of using alerts and secure messaging functionalities for timely care coordination.		Project		Completed	02/12/2016	09/30/2016	02/12/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:4: Implement training and secure messaging to support the use of alerts across the PPS.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:5: Implement the necessary technical and operational system changes as required by the selected vendor for the use of alerts and secure messaging across the PPS.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY2 Q2	Project	N/A	In Progress	10/05/2015	09/30/2016	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	10/05/2015	09/30/2016	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1: Perform a current state assessment of participating safety-net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2: Develop practice specific action plan to implement necessary changes to workflows and documentation to improve performance on achieving the MU Stage 2 requirements.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3: Ensure clinician and staff training on new processes is conducted.		Project		Completed	06/02/2016	09/30/2016	06/02/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4: Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:1: Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQA Level 3 PCMH recognition or APCM		Project		In Progress	10/19/2015	09/30/2016	10/19/2015	03/31/2018	03/31/2018	DY3 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
by DY 3.										
Task M2:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM.		Project		In Progress	06/01/2016	09/30/2016	06/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M2:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:4. Perform a practice-specific gap analysis to determine the needed financial, technical and operational support needed to assure successful recognition by DY3.		Project		In Progress	06/01/2016	09/30/2016	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M2:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.		Project		In Progress	05/02/2016	09/30/2016	05/02/2016	03/31/2018	03/31/2018	DY3 Q4
Task M2:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM.		Project		In Progress	12/07/2015	09/30/2016	12/07/2015	03/31/2018	03/31/2018	DY3 Q4
Task M2:7. Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY 3.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:8. Monitor progress on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:9. Track site specific certification to assure all participating safety-net providers become Level 3 PCMH certified or APCM.		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q2	Project	N/A	Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:1. Articulate the scope, objectives and requirements of a patient tracking system to support an effective population health management across PPS entities.										
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.		Project		Completed	05/06/2016	09/30/2016	05/06/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. Implement training sessions to educate participating partners on how to utilize the additional technical platforms.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:5. Utilize population health IT vendor to support the needs of the PPS and individual organization/practice to track their population groups for population health management needs.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Generate required reports on the performance of individual and population health interventions implemented by the practice teams.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	DY2 Q2	Project	N/A	In Progress	10/05/2015	09/30/2016	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented an automated scheduling system to facilitate tobacco control protocols.		Project		In Progress	10/05/2015	09/30/2016	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides periodic training to staff to incorporate the use of EHR to prompt the use of 5 A's of tobacco control.		Project		In Progress	10/05/2015	09/30/2016	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Provide support for the development and/or update of Clinical Decision Support Systems (CDSS) in EHR systems across the PPS to prompt providers to complete the 5 A's of tobacco control.		Project		In Progress	05/06/2016	09/30/2016	05/06/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:2. Assure the completion of staff training at the practice level to make effective use of the new CDSS features in EHR.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Define guidelines for required tobacco control prompts in		Project		In Progress	10/05/2015	09/30/2016	10/05/2015	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
participating safety-net EHR systems.										
Task M1:4. Implement processes to generate practice and practitioner specific dashboards for performance improvement initiatives.		Project		In Progress	05/06/2016	09/30/2016	05/06/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:5. Working with clinical leadership at the practice level, develop systems for timely sharing of performance reports with practice teams and individual practitioners.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Create training protocols and education participating providers about using the EHR to document the 5 A's of tobacco control.		Project		In Progress	06/02/2016	09/30/2016	06/02/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:2. Use these training protocols to provide periodic clinician and staff training at the practice level to make effective use of the new CDSS features in EHR to prompt the use of 5 A's of tobacco control.		Project		In Progress	06/02/2016	09/30/2016	06/02/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:3: Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	DY2 Q2	Project	N/A	Completed	05/26/2016	09/30/2016	05/26/2016	09/30/2016	09/30/2016	DY2 Q2
Task Practice has adopted treatment protocols aligned with national guidelines, such as the National Cholesterol Education Program (NCEP) or US Preventive Services Task Force (USPSTF).		Project		Completed	05/26/2016	09/30/2016	05/26/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. The CQAC will oversee the implementation of evidence-based strategies for the management of CVD in high-risk individuals. Ensure clinician representation from key primary care and specialist practices across AMCH PPS.		Project		Completed	06/27/2016	09/30/2016	06/27/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. Complete a gap-analysis utilizing the current treatment protocols and defined future state, creating an implementation plan by provider and a phased roll-out.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. The CQAC, in collaboration with partners will review protocols outlined in national guidelines such as National Cholesterol Education Program (NCEP) and/or U.S. Preventive		Project		Completed	06/27/2016	09/30/2016	06/27/2016	09/30/2016	09/30/2016	DY2 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Services Task Force (USPSTF). Draft a PPS-wide policy for clinical practice guidelines and treatment protocols for hypertension and high cholesterol.										
Task M1:4. The CQAC will review and approve policies and treatment guidelines prior to dissemination.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:5. Using a PDSA approach, pilot policies and treatment guidelines at one or more selected sites to field-test feasibility and adoptability at the provider level.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:6. Adopt standardized clinical protocols for the management of hypertension and high cholesterol across the PPS.		Project		Completed	06/27/2016	09/30/2016	06/27/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:7. Evaluate adherence to the treatment protocols and align incentives as necessary to improve adoption.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dietitians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	DY2 Q2	Project	N/A	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Clinically Interoperable System is in place for all participating providers.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Care coordination teams are in place and include nursing staff, pharmacists, dietitians, community health workers, and Health Home care managers where applicable.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Care coordination processes are in place.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Perform current state assessment of the IT and Clinical Information Systems (CIS) available at participating provider organizations.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2. Identify participating sites that utilize a care coordination team from the current state assessment.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:3. Identify opportunities to enhance care coordination through additional staffing, processes, shared care plans, patient self-management training.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:4. Utilizing the IT-TOM pilot experience, design the PPS-wide future state CIS integration.		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:5. Identify standardized toolkits to support care coordination efforts across the PPS.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:6. Submit the draft future state of partners in relation to CIS connectivity, utilizing the current state assessment.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:7. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan by provider and a phased roll-out.		Project		Completed	02/12/2016	09/30/2016	02/12/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:8. CQAC and TDMC will oversee the development and implementation of the action plan to ensure a Clinically Interoperable System is in place in order to share information and ongoing metrics with team members. Ensure key representation from identified providers and partners on these committees.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:9. Monitor progress on the effectiveness of the connectivity and its ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up to support timely care management decisions.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Based on best practice models, the CQAC along with the PMO will define and develop appropriate care coordination/care management models to support a patient-centered approach. Ensure clinician representation from key primary care and specialist practices across AMCH PPS.		Project		Completed	06/22/2016	09/30/2016	06/22/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:2. Collaborate with Workforce Coordinating Council to identify existing/future staffing resources required for an effective implementation of the new care coordination/care management model.		Project		Completed	06/01/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:3. Identify a network of an actively engaged practice and community-based organizations to pilot the new care coordination/care management model for managing hypertension.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M2:4. Create a multi-disciplinary team comprising of nursing staff, pharmacists, dieticians, community health workers and Health Home care managers as appropriate linked to the pilot sites.										
Task M2:5. Based on the successful pilots, expand the team approach for care management and coordination to other participating safety-net providers as appropriate.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:1. Identify and evaluate existing care coordination/care management processes within the participating organizations.		Project		Completed	04/01/2016	05/26/2016	04/01/2016	05/26/2016	06/30/2016	DY2 Q1
Task M3:2. Develop and implement policies and procedures to support and sustain effective care coordination/care management across participating practitioner organizations for managing CVD.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M3:3. Identify a network of an actively engaged practice and community-based organizations to pilot the new care coordination/care management model for managing CVD.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:4. Develop an action plan, including an assessment of lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy, and confidence in self-management, to pilot the new care coordination model for patients with CVD across the pilot sites.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:5. At the pilot practice sites, identify the appropriate patient population for care coordination/care management and assign them to identified care coordination/management teams for ongoing care management.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:6. Conduct PDSAs to define effective and sustainable changes for expansion to other participating entities.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:7. Implement processes to assure lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy, and confidence in self-management to achieve improved clinical outcomes, such as BP control.		Project		Completed	05/06/2016	09/30/2016	05/06/2016	09/30/2016	09/30/2016	DY2 Q2
Task M3:8. Provide training to participating sites to ensure processes are supported and understood by staff as necessary.		Project		Completed	06/02/2016	09/30/2016	06/02/2016	09/30/2016	09/30/2016	DY2 Q2
Task		Project		Completed	05/26/2016	09/30/2016	05/26/2016	09/30/2016	09/30/2016	DY2 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M3:9. Expand care management processes across the PPS as necessary and appropriate, to include at least 80% of participating PCPs.										
Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	DY2 Q2	Project	N/A	Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments.		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Assess current policy and procedures at participating practices related to timely and effective follow-up of patients with hypertension.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Identify a pilot site and determine required changes to policy and procedures, system and workflow issues required to establish an open access model for timely follow-up of BP.		Project		Completed	06/27/2016	09/30/2016	06/27/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:3. Implement open access and elimination of copays in collaboration with pilot site administration and medical staff.		Project		Completed	06/27/2016	09/30/2016	06/27/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. Working with TDMC, identify patient registries to support patient reminders for follow-up blood pressure checks. Implement patient registries and identify opportunities for collaboration with CBOs and community resources for follow-up blood pressure checks.		Project		Completed	05/18/2016	09/30/2016	05/18/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:5. Coordinate with pharmacies to increase patient awareness of "Million Hearts™ Team Up. Pressure Down." education program.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Provide health coaching/aid in self management goals, (i.e. blood pressure journals and medication tracker wallet card).		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:7. Expand pilot to include participating primary care sites by creating open access and elimination of copays for BP checks.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	DY2 Q2	Project	N/A	In Progress	05/17/2016	09/30/2016	05/17/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		In Progress	05/17/2016	09/30/2016	05/17/2016	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment.										
Task M1:1. Project sub-committee or CQAC will define best practices and develop policy and procedures for taking accurate blood pressure measurements at all participating practitioner sites.		Project		In Progress	05/17/2016	09/30/2016	05/17/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:2. Ensure availability of correct equipment at all locations, evaluate current workflows and implement new processes supported by appropriate staff training on accurate blood pressure measurement and documentation by applicable staff.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Assure ongoing staff competencies for accurate measurement of blood pressure by direct observation, frequent assessment, and training.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	DY2 Q2	Project	N/A	In Progress	10/05/2015	09/30/2016	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension.		Project		In Progress	10/05/2015	09/30/2016	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.		Project		In Progress	10/05/2015	09/30/2016	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling.		Project		In Progress	10/05/2015	09/30/2016	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. TDMC will survey participating providers to assess system capabilities and processes regarding BP measurement. Survey results will inform the PMO regarding the feasibility of patient registries by site that can identify and stratify patients who have repeated elevated blood pressure readings but do not have a diagnosis of hypertension.		Project		In Progress	10/05/2015	09/30/2016	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:2. At one pilot site, generate a list of patients with elevated blood pressure readings who do not have a diagnosis of hypertension. Validate the accuracy of the list with a review of sample of medical records.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:3. Assist practices without effective patient registries to acquire system capabilities for patient stratification.		Project		In Progress	05/06/2016	09/30/2016	05/06/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:1. Provide support for the development and/or update of Clinical Decision Support Systems (CDSS) in EHR systems across the PPS to prompt staff to schedule targeted hypertension patients for follow up.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:2. Assure the completion of staff training at the practice level to make effective use of the new CDSS features in EHR.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Define guidelines for required hypertension control prompts in participating safety-net EHR systems.		Project		In Progress	05/06/2016	09/30/2016	05/06/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:4. Implement processes to generate practice and practitioner specific dashboards for performance improvement initiatives.		Project		In Progress	05/06/2016	09/30/2016	05/06/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:5. Working with clinical leadership at the practice level, develop systems for timely sharing of performance reports with practice teams and individual practitioners.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:1. Provide periodic staff training and feedback at the practice level to make effective use of the Clinical Decision Support System features in EHR to identify and schedule patients who need a hypertension visit.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:2: Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	DY2 Q2	Project	N/A	In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors.		Project		In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Project subcommittee, in collaboration with hypertension specialists, will develop clinical algorithms for medication management of hypertension with particular emphasis on once-		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
daily regimens or fixed-dose combination pills when appropriate.										
Task M1:2. Determine the current status of the above regimens in payor and provider formularies, as well as the ease of prescribing in various EMRs.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. CQAC will review and approve the clinical algorithm for medication management.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Clinical leaders at participating practices will assume responsibilities for implementation of medication management guidelines at their facilities. When medication regimens are modified, adherence is reassessed to determine patient compliance.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Collaborate across the PPS to advocate for MCO formularies that align with recommended clinical medication algorithms, including preferred once-daily or fixed-dose combination pills without medication limitations or need for prior authorizations.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Implement continuous quality improvement processes to assure consistent adherence to the new medication management guidelines by all practitioners at the participating practices.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.	DY2 Q2	Project	N/A	Completed	05/06/2016	09/30/2016	05/06/2016	09/30/2016	09/30/2016	DY2 Q2
Task Self-management goals are documented in the clinical record.		Project		Completed	05/06/2016	09/30/2016	05/06/2016	09/30/2016	09/30/2016	DY2 Q2
Task PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals.		Project		Completed	05/06/2016	09/30/2016	05/06/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Clinical leaders will assure the development of systems required for self-management plans. These plans will be documented by practice team members in collaboration with patients/families/caregivers, as appropriate.		Project		Completed	05/06/2016	09/30/2016	05/06/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. Clinical leaders at participating practices will assure implementation of required workflow changes to support consistent documentation of patient self-management goals in		Project		Completed	05/06/2016	09/30/2016	05/06/2016	09/30/2016	09/30/2016	DY2 Q2



New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
clinical records and review with patients at each visit.										
Task M2:1. Provide clinician and staff training at initial orientation and annually on person-centered methods that include documentation of self-management goals within the EHR.		Project		Completed	05/06/2016	09/30/2016	05/06/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:2: Develop role specific competency standards for each staff member and implement processes for evaluating staff competencies annually.		Project		Completed	06/02/2016	09/30/2016	06/02/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:3: Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.	DY2 Q2	Project	N/A	Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task PPS has developed referral and follow-up process and adheres to process.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task PPS provides periodic training to staff on warm referral and follow-up process.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Agreements are in place with community-based organizations and process is in place to facilitate feedback to and from community organizations.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Develop and implement PPS wide policies and procedures for referrals to community based programs and tracking referrals.		Project		Completed	06/03/2016	09/30/2016	06/03/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. Identify and establish appropriate formal and informal agreements with community based organizations to facilitate timely access to services and feedback on the status of the referral.		Project		Completed	05/06/2016	09/30/2016	05/06/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:3. Participating practices will implement required workflow changes, staff training and information technology infrastructure to support operationalization of policies and procedures.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. Implement PDSA and Rapid Cycle Improvement processes		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
to monitor and continuously improve referral process and outcomes.										
Task M2:1. Develop "Warm referral" protocol and annual clinician and staff training at the participating practice level on the new protocol and active tracking.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:2. Provide training on a periodic basis to appropriate clinical and non-clinical staff across the PPS.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:3: Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M3:1. Develop specific participation agreements to incentivize participation from community based organizations in a standardized feedback process.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M3:2. Execute participation agreements with targeted specific CBOs identified as participants in this project.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M3:3. Develop ongoing processes to facilitate ongoing communication between various practice-based and community-based providers to support an integrated approach to managing patient's hypertension.		Project		Completed	05/06/2016	09/30/2016	05/06/2016	09/30/2016	09/30/2016	DY2 Q2
Task M3:4. Review and, if necessary, update, agreements annually.		Project		Completed	04/18/2016	09/30/2016	04/18/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.	DY2 Q2	Project	N/A	In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed and implemented protocols for home blood pressure monitoring.		Project		In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides follow up to support to patients with ongoing blood pressure monitoring, including equipment evaluation and follow-up if blood pressure results are abnormal.		Project		In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides periodic training to staff on warm referral and follow-up process.		Project		In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:1. CQAC will develop and approves protocols for implementation of home blood pressure monitoring with follow-up support for appropriate patients identified by clinicians across the participating practitioner organizations.										
Task M1:2. Utilizing a PDSA cycle, the CQAC and Clinical leaders will identify a pilot location and implement protocols to provide appropriate follow-up clinical support for patients who self-monitor their blood pressure.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Staff will be identified and trained on how patients should be taught to self-monitor their blood pressure.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Based on the success of the pilot, protocols will be rolled-out to participating providers for implementation of appropriate follow-up clinical support for patients who self-monitor their blood pressure.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. CQAC will identify sites demonstrating best practices using data reports and dashboards to be shared with practitioners on self-measured blood pressure monitoring with follow-up clinical support model.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Implement PDSA and Rapid Cycle Improvement processes to continuously monitor changes in blood pressure control rates.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. CQAC and clinical leaders at participating practices will identify and implement protocols to provide appropriate follow-up clinical support for patients who self-monitor their blood pressure.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:2. Assist participating practitioners in identifying the appropriate type/s of follow-up clinical support to support their patients who self-monitor their blood pressure.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Assist participating practitioners to identify support staff resources who can teach patients how to use monitors, validate devices, and review action plans and blood pressure logs.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Data analysis will be conducted to establish baseline BP measures, track and monitor changes to baseline.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M2:5. Based on pilot sites identified above, additional patients and sites will be added to the home monitoring program as identified by PCPs across the PPS.										
Task M2:6. Consistent with manufacturer specifications routinely evaluate the accuracy of home monitoring equipment to ensure that readings are complete accurate and recorded correctly.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:7. Working with the care team, assess self-reports to determine accuracy and completeness of home monitoring data for clinical evaluation purposes, and record standardized information in the EHR.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:1. Develop "warm referral" protocol and annual clinician and staff training at the participating practice level on the new protocol and active tracking.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:2. Provide training on a periodic basis to appropriate clinical and non-clinical staff across the PPS.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:3. Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	DY2 Q2	Project	N/A	In Progress	10/05/2015	09/30/2016	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.		Project		In Progress	10/05/2015	09/30/2016	10/05/2015	03/30/2017	03/31/2017	DY2 Q4
Task M1:1. Provide support for the development and/or update of Clinical Decision Support Systems (CDSS) in EHR systems across the PPS to prompt staff to schedule targeted hypertension patients for follow up.		Project		In Progress	05/06/2016	09/30/2016	05/06/2016	03/30/2017	03/31/2017	DY2 Q4
Task M1:2. Assure the completion of staff training at the practice level to make effective use of the new CDSS features in EHR.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Define guidelines for required hypertension control prompts in participating safety-net EHR systems.		Project		In Progress	10/05/2015	09/30/2016	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Project		In Progress	05/06/2016	09/30/2016	05/06/2016	03/31/2017	03/31/2017	DY2 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:4. Implement processes to generate practice and practitioner specific dashboards for performance improvement initiatives.										
Task M1:5. Working with clinical leadership at the practice level, develop systems for timely sharing of performance reports with practice teams and individual practitioners.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #16 Facilitate referrals to NYS Smoker's Quitline.	DY2 Q2	Project	N/A	In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed referral and follow-up process and adheres to process.		Project		In Progress	03/31/2017	03/31/2017	03/31/2017	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Identify current referral rates to NYS Quit line and follow-up policies and procedures.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Develop and implement PPS wide policy, procedures and action plan for referrals to NYS Smoker's Quit line.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Utilize EHR reporting to ensure adherence and sustainability to changes in referral and follow-up processes.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	DY2 Q2	Project	N/A	Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task If applicable, PPS has established linkages to health homes for targeted patient populations.		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.		Project		On Hold	10/05/2015	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:1. Collect and analyze valid and reliable REAL data to risk stratify targeted high risk populations.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Develop improvement and training activities to improve		Project		Completed	05/06/2016	09/30/2016	05/06/2016	09/30/2016	09/30/2016	DY2 Q2



New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
clinical outcomes and address health disparities.										
Task M1:3. Implement continuous quality improvement strategies to improve processes and workflows and assess the effectiveness of the process.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Create a list of participating health home providers in the PPS network who serve the targeted patient populations.		Project		Completed	10/05/2015	10/30/2015	10/05/2015	10/30/2015	12/31/2015	DY1 Q3
Task M2:2. Assess the current capabilities of participating health home providers for community care coordination and linkages to Patient Centered Medical Homes.		Project		Completed	11/02/2015	12/31/2015	11/02/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:3. Establish contractual agreements, if appropriate, with health home providers for care coordination and linkages to Patient Centered Medical Homes.		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M3:1. Identify community-based organizations providing Stanford Model program to support self-management by patients with hypertension and elevated cholesterol.		Project		Completed	10/05/2015	10/31/2015	10/05/2015	10/31/2015	12/31/2015	DY1 Q3
Task M3:2. Collaborate with identified community-based organizations to strengthen their existing capacity to expand access to Stanford Model for high-risk population with chronic illnesses.		Project		On Hold	11/02/2015	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:3. Establish referral agreements between participating practitioners and CBOs for referral to Stanford Model training program.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:4. Establish contractual agreements with CBOs to provide ongoing training to participating providers and staff on Stanford Model.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #18 Adopt strategies from the Million Hearts Campaign.	DY2 Q2	Project	N/A	In Progress	06/03/2016	09/30/2016	06/03/2016	09/30/2017	09/30/2017	DY3 Q2
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	06/03/2016	09/30/2016	06/03/2016	09/30/2017	09/30/2017	DY3 Q2
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million		Provider	Practitioner - Non-Primary Care Provider (PCP)	In Progress	06/03/2016	09/30/2016	06/03/2016	09/30/2017	09/30/2017	DY3 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Hearts Campaign.										
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.		Provider	Mental Health	In Progress	06/03/2016	09/30/2016	06/03/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Develop, working in collaboration with the project sub-committee and clinical experts across PPS, a draft document highlighting strategies of the Million Hearts Campaign, including the Hypertension Change Package.		Project		In Progress	06/03/2016	09/30/2016	06/03/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:2. Based on best practice models, the CQAC will develop appropriate care coordination/care management models to support a patient-centered approach to managing hypertension.		Project		In Progress	06/22/2016	09/30/2016	06/22/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:3. CQAC will develop protocols for implementation of home blood pressure monitoring with follow-up support for patients identified by clinicians across the participating practitioner organizations. (see milestone 14)		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Monitor effectiveness of tobacco use screening, cessation interventions and treatment using MU reports at the provider level.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Provide ongoing training and make recommendations, as needed, to participating providers and staff on Million Hearts Campaign principles and initiatives, as well as best methods to track outcomes and quality indicators to ensure success.		Project		In Progress	06/03/2016	09/30/2016	06/03/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	DY2 Q2	Project	N/A	Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to evaluate current contractual arrangements with payers for possible amendments.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:2. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to develop a framework that can be applied across the regional provider network.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:3. AMCH PMO will work with Medicaid MCOs to implement a roadmap following appropriate Federal and State laws, regulations and guidelines.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. AMCH PMO will work with its provider network to provide technical support and assistance to amend existing fee-for-service contracts.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:5. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to negotiate required contracts with MCOs.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:6. AMCH PMO, in collaboration with AMCH Integrated Delivery Systems Department, will discuss utilization trends, performance issues, and payment reform during monthly meetings with managed care organizations.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:7. AMCH PMO will engage Medicaid MCOs in broader areas of concern to the PPS including financial sustainability, risk sharing, and compliance with competitive behaviors.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:8. AMCH PPS will execute negotiated contracts with MCOs to implement required elements of the CMS approved VBP roadmap.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.	DY2 Q2	Project	N/A	Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS has engaged at least 80% of their PCPs in this activity.		Provider	<u>Practitioner - Primary Care Provider (PCP)</u>	Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2

Providers Associated with Completion:

Abigail R Watson; Agopovich Arsenio Md; Alarcon Gabriel Baldomero Md; Alegre Catalina; Allard Ingrid M Md; Anand Vinod Md; Aragona Sharon L; Arnold Hendrick Jr Md; Assevero Anna-Maria D Md; Bakst Gary Md; Bala Virinchi; Baldini Gleda P Md; Barats Lev Leonidovich Md; Barillas-Arias Lilliana Md; Barraclough Nancy L Np; Barry Kelli Ann; Baselice Marino Md; Beauchamp Cara E Rpa; Bedford Sharon L Md; Bednarek Rebecca S; Bertram Michael C Md; Betancourt Nicole; Blatz Sarah J Pa; Borden Eric Charles Md; Borden Jennifer Lynn; Borrelli Karin; Bossolini Marybeth M; Braden Diane Beers; Brady Helen H; Breen Martin Md; Brennan Tracey Lynn Md; Brennan-Jordan Nancy; Brilliant Rachelle I; Brown Sheryl; Brueggemann Christina Mchugh; Buff Christopher Md; Buhlinger Christine A Md; Burchell Randall Lawrence Md; Burke Michael Kevin Md; Busch Robert Steven Md; Butterfield Rebecca C Md; Caiazza Margaret; Campagna Kristine J Do; Caramore William J Md; Cardiel Alexander Md; Carrasco Andrea Y Md; Carrelle Raymond J Md; Cerone Jennifer Rebecca Boden; Chakraborty Ranen Kumar Md; Chaudhary Shawn Ahmad; Chava Prabhakar Rao Md; Cieszynski Veronica Eileen; Cioffi James Michael Md; Cirenza Emanuel Nicholas Md; Clark Catherine Nielsen; Clark Kristina Marie; Clark Melinda Beth Md; Clemente Kimberly; Cleney Holly K Md; Cleveland Byrd Md; Cohen Erik; Colman David Lawrence; Condly Angela G Md; Cossey Jason L; Costello



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Kevin B Md; Craig Maier; Culp Anita; D'Avella Wendy K; Daggett Brian George Md; Davis George Fabyan Md; De Waal Malefyt Stephen Karel Md; Deckelbaum Scott Howard Md; Devine Maria Kansas; Diamond Courtney Beth; Diaz Miguel Remigio Md; Dooley Kevin M Md; Doro Kristienna Martin; Dorsey Susan Serra Md; Dort Janice Beth; Dougherty Katherine; Downey Kathleen Md; Doyle Robin M Md; Duff Thomas Edward Jr Md; Dunne Christa Md; Dvorscak Amanda Jayne; Eldeiry Samer S Md; Eldredge Daniel; Elguero Carlos; Enzien Ernest M Jr Md; Ernst Cheryl Elaine; Ethier Gloria; Farrell Claudia Sales; Farrell Richard Md Jr; Ferrando-Ross Pedro I Md; Fishel Stephen C Md; Flanagan Jean Ansari Md; Flatau Irene Ruth Md; Flik Anna Grattan Md; Flynn Dedra Md; Friedrich Marcus Edmond; Fruiterman Mark L Md; Fruiterman Roy Md; Gandham Vijaya L Md; Gaylord James Md; Gebhard Paul E Jr Md; Gelfman Rachel Dawn; Gerety Gregg F Md; Getzke Nancy L Np; Gildersleeve Rebecca Ann Md; Gilroy Shelley Ann Md; Goldberg Steven Marc Md; Goldsmith Christina Marie; Gomez-Di Cesare Caroline M Md; Gradner Jill A Md; Greenblatt Michael J Md; Greenfield Country Medicine Pllc; Greenwald Lisa; Gross Eric J Md; Gupta Saaket Md; Guptill Gloria G; Halbig Robert Joseph Md; Haldeman Iii Richard J; Hanley Audra J Md; Harde Hasmukh C Md; Hart Ashley Rose; Hawthorne Jami M; Hechanova Arnel B Md; Hennessy Elisa; Herman David L Md; Hickey Lynn Leitner Md; Hobbs Patricia; Hogan-Moulton Amy E Md; Howard Elizabeth A Md; Hoy Christopher Dion Md; Irani Danesh S Rpa; Jacobs-Friedman Alon B; Jacobson Kirsten Elizabeth Md; James Philip C Md; Janowski Darcy A; Jeannie Ngygen; Jellinger Robert M Md; Johnson Charles A Do; Johnston Mary Md; Jorgensen Stephanie E Md; Jue Donald Md; Justa Shelley Md; Kanthal Marissa Loren; Katz Linda G Np; Kerr Hamish Alistair Md; Kineke Stephen Francis Md; Knapp George Sterling Md; Krizar Stephen Lewis Md; Kronick Gary Archer Md; Kucij Lyn Irene Rpa; Kudria Inna Md; Kumar Arbind Md; Lahtinen-Aley Kristina Marie Md; Larsen Douglas P; Lauren T Siy; Lawson Jessica L; Lecours Laura Yates Md; Lee Josephine M Md; Lehine Guy Daniel Md Faap; Leonidas Leonard Al Md; Light Deborah I; Lindstrom Jennifer E Md; Litts Warren C Jr Md; Livolsi Laruen L; Locke Elizabeth Anne Md; Ludwig Samantha Md; Mack Brigid; Madala Padmaja Md; Malin Julia Md; Mance Joan M; Manjunath Kallanna Md; Marici Kathleen Md; Marshall Robert Andrew Md; Marshall Ryan; Marthy-Noonan Anne K Md; Mary Patricia Shierly; Matott Heather Melissa; Mccarty Kaitlin Elizabeth; Mckeeon Elisabeth Waterman Md; Mead Daniel H Pa; Mekosh Susan Lynn; Meltz Theresa Ann Rpac; Merecki Eugene Karl Md; Merkhani Samuel Kabriyel Md; Meyer Vincent Edwin Md; Michelena Karen X; Mifsud Mindy; Mihindukulasuriya Joseph C Md; Millea Kerry; Miller Cynthia H Md; Mirza Shahida Parveen Md; Mitkoff Nathan B Md; Mitnick Neil Craig Md; Mitta Swatantra K Md; Monkash Jeff Ira Md; Monserrate Nicole Marie Md; Montelone Kimberly Ann Np; Moran Antoinette Collins Rpac; Muller Susan Marie Md; Murphy William Patrick Md; Murray Amy J; Mustafa Marianne A Md; Musto Ronald V Md; Navarette Kristen Alexandra; Newton Scott; Nguyen Hung Dinh Md; Nicholson Timothy Joseph; Nielson Robert P Jr Md; Nolan Florence A Md; Norton Neal David Jr Rpa; Noyes Kimberly; O'Brien Joanne Elizabeth; O'Brien Michael F; O'Loughlin Suzanne; Obeid Leila Ann; Oke Benjamin; Olszewski Peter; Omeara Shannon Lauren; Orsi Richard A Md; Osborn Kyle Thomas Md; Owen Claudina; Paeglow Robert John Md; Parent Colleen E Md; Parikh Nita S; Patel Umesh; Patil Nagaraja N Md; Pelnik-Fecko Tricia Ann Md; Pezzulo John Phillip Md; Pierce Jean Catherine Rpa; Pomichter John Stanley Md; Pope Ronald James Do; Price Marc David Md; Pride Boone Janice Md; Puthuparampil Beulah J Md; Quarrier John V Md; Quinn Barbara Hunter; Rabbin Linda S; Raggs Hope G; Ramani Ananthakrishnan Md; Ray David Allan Md; Reed Monica Renee; Reider Jacob Michael Md; Richman Charles H Md; Ricker Kerry Elizabeth Do; Rios Zandra M Md; Robinson Kristen; Roche Sean Patrick Md; Rodriguez-Goodemot Renee B Md; Rose Jennifer; Rosenbaum Elena; Rosenberger John Daniel Md; Roske Julia H Rpa; Rovere Rena Marie; Russell Jennifer Brooke; Rutter Ann; Sacco Joseph P Md; Salimah Dhanani Md; Saluja Ravinder Kaur Md; Samedov Nikolay Md; Samuel Jency Thomas; Santoro Eileen; Saunders Patricia V Md; Sazon Alexandr; Sazon Tatiana; Schnakenberg Eric C Md; Schnide Kenneth Ben Md; Schottler-Thal Carrin Md; Schumacher Thomas C Md; Schwartz Kenneth Md; Schynoll Gerald Klaus Md; Seaman Tami Md; Searfoss Linda A; Semlear Robert Dwight Md; Sgambati Carl Willard Md; Sgarlata Donna L; Sheehan Rebecca; Shin Joong; Shulof Jennifer Amy; Signor Connie J; Siniapkin George C Md; Sipperly Stephen F Do; Smith Marsha; Sorum Paul C Md; Spingarn David H Md; Steckley Renee E Rpa; Steckman David; Stein Rhonda Danielle Md; Stetzer Lee; Talma Theodore E Md; Taneja Sanjay Md; Tera N Hetrick-Platte Md; Thompson Dean A Md; Tietgens Sharon T Md; Tolentino Rommel M Md; Trapp Joseph J; Tumuluri Srilaxmi; Vasquez Deborah A Md; Verrico Ivelisse Ann Md; Vollmer Kelly J; Walders James D Md; Wales Danielle Patricia; Walker Michael Francis Md; Warner Deborah P; Watsky Jay G Md; Wayne Joseph T Md; Weissberg Robert A Md; West-Brown Janet; Wise Birute Marija Md; Wolff Michael Leonard Md; Wong Winston C Md; Wright Stuart B Md; Young Linda; Yousuf Asim Md; Zabinski-Kramer Kathleen Md; Zeltner Theodore Harold Md										
Task M1:1. Based on updated attribution lists, community needs assessments, and other data the PMO will ensure that appropriate safety-net PCPs are added to the PPS during OE periods. The inclusion of additional PCPs will assist in patient engagement to reach the 80% threshold.		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. Establish contractual agreements with participating primary care organizations to assure engagement of at least 80% of their primary care practitioners in this project.		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:3. Track primary care practitioner engagement in the project on an ongoing basis to assure contractual agreements are met.		Project		Completed	05/06/2016	09/30/2016	05/06/2016	09/30/2016	09/30/2016	DY2 Q2

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Implement program to improve management of cardiovascular disease using evidence-based	mcintyc	Other	1_DY2Q2_PROJ3bi_MDL3bi3_PRES1_OTH_3bi_Miles tone_1_7814.pdf	3bi Milestone 1	12/15/2016 08:56 AM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
strategies in the ambulatory and community care setting.	mcintyc	Policies/Procedures	1_DY2Q2_PROJ3bi_MDL3bi3_PRES1_P&P_AFM_BP_check_P&P_7813.pdf	AFM BP check P&P	12/15/2016 08:55 AM
	mcintyc	Policies/Procedures	1_DY2Q2_PROJ3bi_MDL3bi3_PRES1_P&P_Koinonia_Free_HTN_Program_7812.pdf	Koinonia Free HTN Program	12/15/2016 08:55 AM
	mcintyc	Training Documentation	1_DY2Q2_PROJ3bi_MDL3bi3_PRES1_TRAIN_Partner_Training-Guidelines_6645.pdf	AMCH PPS Partner Training Guidelines	10/25/2016 03:35 PM
	mcintyc	Policies/Procedures	1_DY2Q2_PROJ3bi_MDL3bi3_PRES1_P&P_LocalIMP_ACTamc05062016_6643.pdf	AMCH PPS Local Impact	10/25/2016 03:35 PM
	mcintyc	Policies/Procedures	1_DY2Q2_PROJ3bi_MDL3bi3_PRES1_P&P_JNC_8_20160701_6642.pdf	AMCH PPS JNC-8	10/25/2016 03:34 PM
	mcintyc	Policies/Procedures	1_DY2Q2_PROJ3bi_MDL3bi3_PRES1_P&P_DSRIP_JNC-8_Review_20160701_6640.pdf	AMCH PPS JNC-8 Review	10/25/2016 03:33 PM
	mcintyc	Meeting Materials	1_DY2Q2_PROJ3bi_MDL3bi3_PRES1_MM_CVD_Project_Meeting_Minutes_6638.pdf	AMCH PPS CVD meeting minutes	10/25/2016 03:30 PM
Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	mcintyc	EHR/HIE Reports and Documentation	1_DY2Q2_PROJ3bi_MDL3bi3_PRES2_EHR_AMCH_PPS_Signed_Hixny_Agreements_by_Project_9_30_16_6650.pdf	AMCH PPS Hixny Agreements	10/25/2016 03:38 PM
	mcintyc	EHR/HIE Reports and Documentation	1_DY2Q2_PROJ3bi_MDL3bi3_PRES2_EHR_Binder_of_Certification_Letters_6648.pdf	AMCH PPS EHR Certification Letters	10/25/2016 03:37 PM
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	mcintyc	Documentation/Certification	1_DY2Q2_PROJ3bi_MDL3bi3_PRES3_DOC_Metric_2-Level_3_2014_PCMH_Certified_Providers_20161019_6657.xlsx	AMCH PPS PCMH providers	10/25/2016 03:44 PM
	mcintyc	Documentation/Certification	1_DY2Q2_PROJ3bi_MDL3bi3_PRES3_DOC_PCMH_NCQA_certificates_6656.pdf	AMCH PPS PCMH certificates	10/25/2016 03:44 PM
	mcintyc	EHR/HIE Reports and Documentation	1_DY2Q2_PROJ3bi_MDL3bi3_PRES3_EHR_Binder_of_Certification_Letters_6654.pdf	AMCH PPS EHR Certification Letters	10/25/2016 03:43 PM
Use EHRs or other technical platforms to track all patients engaged in this project.	mcintyc	Templates	1_DY2Q2_PROJ3bi_MDL3bi3_PRES4_TEMPL_REAL_registry_template_6667.xlsx	AMCH PPS REAL registry template	10/25/2016 03:56 PM
	mcintyc	Templates	1_DY2Q2_PROJ3bi_MDL3bi3_PRES4_TEMPL_3.b.i_Registries_6666.xlsx	AMCH PPS 3bi registry	10/25/2016 03:54 PM
	mcintyc	Rosters	1_DY2Q2_PROJ3bi_MDL3bi3_PRES4_ROST_3bi_patient_engagement_template_6664.xlsx	AMCH PPS 3bi patient engagement template	10/25/2016 03:53 PM
Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	mcintyc	EHR/HIE Reports and Documentation	1_DY2Q2_PROJ3bi_MDL3bi3_PRES5_EHR_Binder_of_Certification_Letters_6672.pdf	AMCH PPS EHR Certification Letters	10/25/2016 03:58 PM
	mcintyc	EHR/HIE Reports and Documentation	1_DY2Q2_PROJ3bi_MDL3bi3_PRES5_EHR_5_As_of_Smoking_Screenshots_CCP_6669.pdf	AMCH PPS 5As screenshot	10/25/2016 03:57 PM
Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	mcintyc	Other	1_DY2Q2_PROJ3bi_MDL3bi3_PRES6_OTH_3bi_Milestone_6_7818.pdf	3bi Milestone 6 Remediation Narrative	12/15/2016 09:01 AM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	mcintyc	Policies/Procedures	1_DY2Q2_PROJ3bi_MDL3bi3_PRES6_P&P_AFM_BP_check_P&P_7817.pdf	AFM BP check P&P	12/15/2016 09:00 AM
	mcintyc	Policies/Procedures	1_DY2Q2_PROJ3bi_MDL3bi3_PRES6_P&P_jnc8-algorithm_7816.pdf	jnc8-algorithm	12/15/2016 09:00 AM
	mcintyc	Policies/Procedures	1_DY2Q2_PROJ3bi_MDL3bi3_PRES6_P&P_Koinonia_Free_HTN_Program_7815.pdf	Koinonia Free HTN Program	12/15/2016 08:59 AM
	mcintyc	Training Documentation	1_DY2Q2_PROJ3bi_MDL3bi3_PRES6_TRAIN_Partner_Training-Guidelines_6711.pdf	AMCH PPS Partner Training Guidelines	10/25/2016 07:52 PM
	mcintyc	Policies/Procedures	1_DY2Q2_PROJ3bi_MDL3bi3_PRES6_P&P_LocalIMP_ACTamc05062016_6710.pdf	AMCH PPS Local IMACT	10/25/2016 07:51 PM
	mcintyc	Policies/Procedures	1_DY2Q2_PROJ3bi_MDL3bi3_PRES6_P&P_DSRIP_JNC-8_Review_20160701_6709.pdf	AMCH PPS JNC-8 Review	10/25/2016 07:50 PM
	mcintyc	Policies/Procedures	1_DY2Q2_PROJ3bi_MDL3bi3_PRES6_P&P_Cholesterol_Treatment_Overview_6708.pdf	AMCH PPS Cholesterol Treatment	10/25/2016 07:49 PM
	mcintyc	Policies/Procedures	1_DY2Q2_PROJ3bi_MDL3bi3_PRES6_P&P_Cholesterol_Treatment_Guideline_-_AJM_2014_6707.pdf	AMCH PPS Cholesterol Treatment Guideline	10/25/2016 07:48 PM
Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	mcintyc	Other	1_DY2Q2_PROJ3bi_MDL3bi3_PRES7_OTH_3bi_Milestone_7_7823.pdf	3bi Milestone 7 remediation narrative	12/15/2016 09:09 AM
	mcintyc	Contracts and Agreements	1_DY2Q2_PROJ3bi_MDL3bi3_PRES7_CONTR_3.b.i_Contracted_Partner_HixnyMU_7822.pdf	3.b.i Contracted Partner_HixnyMU	12/15/2016 09:09 AM
	mcintyc	EHR/HIE Reports and Documentation	1_DY2Q2_PROJ3bi_MDL3bi3_PRES7_EHR_Catholic_Charitys_Use_of_Hixny-Generated_Alerts_to_Support_Care_Coordination_7821.pdf	Catholic Charities Use of Hixny-Generated Alerts to Support Care Coordination	12/15/2016 09:08 AM
	mcintyc	Screenshots	1_DY2Q2_PROJ3bi_MDL3bi3_PRES7_SS_Hixny_Screenshots_Alerts_Sample_7820.pdf	Hixny Screenshots_Alerts_Sample	12/15/2016 09:08 AM
	mcintyc	Policies/Procedures	1_DY2Q2_PROJ3bi_MDL3bi3_PRES7_P&P_Patient_Navigation_Workflow_7819.pdf	Patient Navigation Workflow	12/15/2016 09:07 AM
	mcintyc	EHR/HIE Reports and Documentation	1_DY2Q2_PROJ3bi_MDL3bi3_PRES7_EHR_Binder_of_Certification_Letters_6713.pdf	AMCH PPS EHR Certification Letters	10/25/2016 07:59 PM
	mcintyc	Other	1_DY2Q2_PROJ3bi_MDL3bi3_PRES7_OTH_AMCH_PPS_CC_Teams_including_JD_6712.pdf	AMCH PPS CC Teams	10/25/2016 07:57 PM
Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	mcintyc	Other	1_DY2Q2_PROJ3bi_MDL3bi3_PRES8_OTH_3bi_Milestone_8_7824.pdf	3bi Milestone 8 Remediation Narrative	12/15/2016 09:11 AM
	mcintyc	Rosters	1_DY2Q2_PROJ3bi_MDL3bi3_PRES8_ROST_Saratoga_Hospital_Patient_Roster_6715.pdf	AMCH PPS Patient Roster	10/25/2016 08:04 PM
	mcintyc	Policies/Procedures	1_DY2Q2_PROJ3bi_MDL3bi3_PRES8_P&P_Partner_P&P_6714.pdf	AMCH PPS Partner P&P	10/25/2016 08:03 PM
Ensure that all staff involved in measuring and	mcintyc	Policies/Procedures	1_DY2Q2_PROJ3bi_MDL3bi3_PRES9_P&P_DSRIP_J	AMCH PPS JNC-8 Review	10/25/2016 08:07 PM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
recording blood pressure are using correct measurement techniques and equipment.			NC-8_Review_20160701_6717.pdf		
	mcintyc	Training Documentation	1_DY2Q2_PROJ3bi_MDL3bi3_PRES9_TRAIN_Partner_Training-Guidelines_6716.pdf	AMCH PPS Partner Training Guidelines	10/25/2016 08:07 PM
Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	mcintyc	EHR/HIE Reports and Documentation	1_DY2Q2_PROJ3bi_MDL3bi3_PRES10_EHR_Binder_of_Certification_Letters_6719.pdf	AMCH PPS EHR Certification Letters	10/25/2016 08:11 PM
	mcintyc	Policies/Procedures	1_DY2Q2_PROJ3bi_MDL3bi3_PRES10_P&P_Risk_Assessment_Tools_6718.pdf	AMCH PPS Risk Assessment Tools	10/25/2016 08:10 PM
Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	mcintyc	Policies/Procedures	1_DY2Q2_PROJ3bi_MDL3bi3_PRES11_P&P_DSRIP_JNC-8_Review_20160701_6720.pdf	AMCH PPS JNC-8 Review	10/25/2016 08:23 PM
Document patient driven self-management goals in the medical record and review with patients at each visit.	mcintyc	Other	1_DY2Q2_PROJ3bi_MDL3bi3_PRES12_OTH_3bi_Milestone_12_7826.pdf	3bi Milestone 12 remediation narrative	12/15/2016 09:13 AM
	mcintyc	Training Documentation	1_DY2Q2_PROJ3bi_MDL3bi3_PRES12_TRAIN_3bi_Milestone_12_SM_Training_Inventory_7825.pdf	3bi Milestone 12 SM Training Inventory	12/15/2016 09:12 AM
	mcintyc	Training Documentation	1_DY2Q2_PROJ3bi_MDL3bi3_PRES12_TRAIN_AMCH_PPS_Self_Mangement_Training_Metric_2_6723.pdf	AMCH PPS Self Management Training	10/25/2016 08:43 PM
	mcintyc	Other	1_DY2Q2_PROJ3bi_MDL3bi3_PRES12_OTH_CCMG_SMS_Chart_Audit_6722.pdf	AMCH PPS Metric 1 Chart Audit	10/25/2016 08:42 PM
	mcintyc	Policies/Procedures	1_DY2Q2_PROJ3bi_MDL3bi3_PRES12_P&P_AMCH_PPS_Self_Management_Tools_6721.pdf	AMCH PPS Self Management Tools	10/25/2016 08:40 PM
Follow up with referrals to community based programs to document participation and behavioral and health status changes.	mcintyc	Other	1_DY2Q2_PROJ3bi_MDL3bi3_PRES13_OTH_3bi_Milestone_13_7830.pdf	3bi Milestone 13 remediation narrative	12/15/2016 09:16 AM
	mcintyc	Report(s)	1_DY2Q2_PROJ3bi_MDL3bi3_PRES13_RPT_AMCH_PPS_3bi_Milestone_13_Referral_Inventory_7829.pdf	AMCH PPS 3bi Milestone 13 Referral Inventory	12/15/2016 09:15 AM
	mcintyc	Contracts and Agreements	1_DY2Q2_PROJ3bi_MDL3bi3_PRES13_CONTR_Milestone_13_CBO_Agreements_7828.pdf	Milestone 13 CBO Agreements	12/15/2016 09:15 AM
	mcintyc	Policies/Procedures	1_DY2Q2_PROJ3bi_MDL3bi3_PRES13_P&P_Patient_Navigation_Workflow_7827.pdf	Patient Navigation Workflow	12/15/2016 09:14 AM
	mcintyc	Training Documentation	1_DY2Q2_PROJ3bi_MDL3bi3_PRES13_TRAIN_AMCH_PPS_Partner_Referral_Training_6726.pdf	AMCH PPS Partner Referral Training	10/25/2016 08:58 PM
	mcintyc	Policies/Procedures	1_DY2Q2_PROJ3bi_MDL3bi3_PRES13_P&P_Partner_Referral_P&P_6725.pdf	AMCH PPS Partner Referral P&P	10/25/2016 08:57 PM
	mcintyc	Contracts and Agreements	1_DY2Q2_PROJ3bi_MDL3bi3_PRES13_CONTR_CBO's-CVD_6724.pdf	AMCH PPS participating CBOs 3Bi	10/25/2016 08:56 PM
Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	mcintyc	EHR/HIE Reports and Documentation	1_DY2Q2_PROJ3bi_MDL3bi3_PRES15_EHR_Binder_of_Certification_Letters_6727.pdf	AMCH PPS EHR Certification Letters	10/25/2016 09:11 PM
Facilitate referrals to NYS Smoker's Quitline.	mcintyc	Policies/Procedures	1_DY2Q2_PROJ3bi_MDL3bi3_PRES16_P&P_Partner_Referral_P&P_6728.pdf	AMCH PPS Partner Referral P&P	10/25/2016 09:14 PM
Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to	mcintyc	Other	1_DY2Q2_PROJ3bi_MDL3bi3_PRES17_OTH_3bi_Milestone_17_v2_ALL_METRICS_7833.pdf	3bi Milestone 17 Remediation Narrative	12/15/2016 09:19 AM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	mcintyc	Other	1_DY2Q2_PROJ3bi_MDL3bi3_PRES17_OTH_BHNNY_Cares_20161201_7832.pdf	BHNNY Cares_20161201	12/15/2016 09:18 AM
	mcintyc	Contracts and Agreements	1_DY2Q2_PROJ3bi_MDL3bi3_PRES17_CONTR_Milestone_17_Health_Home_Agreements_7831.pdf	Milestone 17 Health Home Agreements	12/15/2016 09:17 AM
	mcintyc	Rosters	1_DY2Q2_PROJ3bi_MDL3bi3_PRES17_ROST_20161027_REAL_Data_Rollup_v2_6932.xlsx	AMCH PPS REAL data rollup	10/27/2016 09:07 AM
	mcintyc	Templates	1_DY2Q2_PROJ3bi_MDL3bi3_PRES17_TEMPL_REAL_registry_template_6732.xlsx	AMCH PPS REAL data registry template	10/25/2016 09:23 PM
	mcintyc	Templates	1_DY2Q2_PROJ3bi_MDL3bi3_PRES17_TEMPL_3bi_patient_engagement_template_6731.xlsx	AMCH PPS Patient Engagement Template	10/25/2016 09:22 PM
	mcintyc	Contracts and Agreements	1_DY2Q2_PROJ3bi_MDL3bi3_PRES17_CONTR_AMCH_PPS_Health_Home_Provider_Participation_6730.pdf	AMCH PPS HH Provider Participation	10/25/2016 09:20 PM
	mcintyc	Policies/Procedures	1_DY2Q2_PROJ3bi_MDL3bi3_PRES17_P&P_AMCH_DSRIP_CI_CCM_FunctionsProcessProtocols_FINAL_6729.pdf	AMCH PPS CI CCM Functions Process Protocols	10/25/2016 09:19 PM
Adopt strategies from the Million Hearts Campaign.	mcintyc	Policies/Procedures	1_DY2Q2_PROJ3bi_MDL3bi3_PRES18_P&P_LocalIMPACTamc05062016_6734.pdf	AMCH PPS Local IMPACT	10/25/2016 09:29 PM
Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	mcintyc	Other	1_DY2Q2_PROJ3bi_MDL3bi3_PRES19_OTH_3bi_Milestone_19_Remediation_Documentation_-_Ready_to_Submit_7727.pdf	3bi Milestone 19 Remediation Documentation	12/13/2016 10:44 AM
	mcintyc	Documentation/Certification	1_DY2Q2_PROJ3bi_MDL3bi3_PRES19_DOC_3bi_Milestone_19_6376.pdf	AMCH PPS 3bi Milestone 19	10/21/2016 02:17 PM
Engage a majority (at least 80%) of primary care providers in this project.	mcintyc	Other	1_DY2Q2_PROJ3bi_MDL3bi3_PRES20_OTH_3bi_Milestone_20_Metric_1_Narrative_7835.pdf	3bi Milestone 20 Metric 1 Remediation Narrative	12/15/2016 09:21 AM
	mcintyc	Contracts and Agreements	1_DY2Q2_PROJ3bi_MDL3bi3_PRES20_CONTR_AMCH_PPS_Contracted_Organizations_3bi_7834.pdf	AMCH PPS Contracted Organizations 3bi.	12/15/2016 09:21 AM
	mcintyc	Rosters	1_DY2Q2_PROJ3bi_MDL3bi3_PRES20_ROST_CVD_Primary_Care_Providers_Engagement_6930.xlsx	AMCH PPS CVD PCP Engagement	10/27/2016 08:59 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	In DY1Q4, AMCH PPS formed the Cardiovascular Disease (CVD) Project Subcommittee under the auspice of the Clinical & Quality Affairs Committee. Membership was formed based on project interest, and available CVD data. The complement of participants on the subcommittee includes representatives from primary care, community based organizations, local county health departments, pharmacies, home care agencies, and visiting nurses association. In DY2Q2, the Subcommittee reviewed JNC-8 Guidelines for the Management of Hypertension in Adults at the July meeting. The Subcommittee Co-Chair provided a detailed overview of the guidelines, including but not limited to identification of undiagnosed patients with high blood pressure, standardization techniques of blood pressure monitoring and measurement, lifestyle changes/self-management, and simplifying medication regimens. The Subcommittee moved to approve adoption of the JNC-8. At the July Clinical & Quality Affairs Committee (CQAC), there was formal approval of the use of the JNC-8 as standards to which the PPS will hold itself accountable for planning and implementation of the CVD project. The CVD



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	<p>Project Subcommittee has reviewed ways in which the PPS partners/ project participants have incorporated certain elements of evidence-based guidelines into their workflows.</p> <p>The CVD Project Subcommittee, has adopted follow up blood pressure checks without copayment or advanced appointment in primary care settings. At the July CVD Project Subcommittee meeting, a presentation was given by the Medical Director from Koinonia Primary Care (KPC) on their walk in blood pressure process and the policy was shared with the subcommittee for adoption. The AMCH PPS PMO also created a template policy and procedure using elements from Koinonia as well as Million Hearts in the development of the policy. Enhancing access to blood pressure screenings through an open-access model is rapidly being adopted by our partners across the PPS. Albany Medical faculty practice, Albany Family Medicine (AFM), a division of Community Care PC, and our regional partners at Columbia Memorial Hospital have adopted this policy and procedure. Albany Family Medicine planned to pilot this process at their site in September, and all applicable staff was trained as appropriate. The cardiovascular project contract language includes guideline adoption sufficient to meet the needs of 3.b.i milestones. The PPS has also shared materials from the Million Hearts Campaign for consideration and use among the partners participating in this project. Several of our PPS partners are implementing components of the Million Hearts campaign across their respective organizations. The Albany County Department of Health's (ACDOH) Local Impact grant has significant alignment with Million Hearts and the cardiovascular project at large, and they have partnered with Whitney M. Young Health Center to execute this program. The grant specifically promotes health system changes such as identification of patients with undiagnosed hypertension, increasing engagement of nurses and pharmacists to assist patients with self-management of their chronic condition, and increasing EHR adoption to improve performance. There is also a large focus on community/clinical linkages which focus on the engagement of community pharmacists in the provision of medication/self-management for adults with hypertension. Additionally, there is a large emphasis on community health worker program to promote linkages between health systems and community resources for adults with hypertension which we will be leveraged according to priorities identified by the CVD subcommittee and Albany County Department of Health as an active participant of the PPS and subcommittee. Given the accelerated timeline of this project, a PDSA was not required.</p>
<p>Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.</p>	<p>Throughout DY1Q4, the AMCH PPS, assisted by the consulting firm Accenture, completed an IT current state assessment. Accenture conducted a thorough analysis within a sample of key partner organizations to outline current network capabilities for data sharing and the interoperability of systems. Utilizing this assessment, work has continued with all partners participating PPS projects. Recently, the TDMC Committee approved the creation of the EHR subcommittee to coordinate the effective implementation and utilization of EHR technology to achieve PPS goals. The EHR Subcommittee serves as the group evaluating EHR issues, exploring ideas, brainstorming solutions providing guidance and making recommendations for implementing DSRIP project objectives.</p> <p>The first two EHR Subcommittee meetings focused on the project 2.b.iii data elements defined by the project's clinical subcommittee. The upcoming meetings will focus on project 3.b.i.</p> <p>All PCP practices participating in project 3.b.i are utilizing fully enabled Meaningful Use Stage 2 certified electronic health records and are bi-directionally connected to the RHIO/SHIN-NY via Hixny. Partners are being encouraged to contribute data utilizing the MU2 compliant C-CDA via web services. This will allow partners to share structured data and unstructured notes (H&Ps, consults, progress notes).</p> <p>Hixny currently offers providers the ability to subscribe to event notifications for ED/hospital admissions and discharges. Examples of PPS alerts include: admission and discharge notifications, transfer between care settings notification – ED or inpatient, as well as the automated delivery of discharge summaries, transition of care summaries and ED reports. A gap analysis of the use of Hixny-generated alerts and event notifications was conducted by the PPS for all partners participating in the project. All providers and practices participating in the project are Hixny members and currently working with Hixny to optimize their alerting and event notification processes. If any additional custom alerts are needed to support the project implementation, the PPS will collaborate with Hixny staff to define the necessary requirements in order to develop the alerts.</p> <p>CBOs and Care Management providers without access to a certified system will become Hixny members which will make them eligible for Direct accounts. Hixny Direct accounts will allow providers whose EMR does not come equipped with a complete Direct transition of care module or Health Information Service Provider (HISP), as well as those without EHRs, to exchange health information with providers and patients securely.</p> <p>Participating partners will work with their Hixny account representatives and EHR vendors to define the type of alert, content, recipient and delivery mechanism to align with DSRIP project requirements. All practices and partners receive training from their Hixny liaison as new functionality is tested and implemented.</p>



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	Tasks left on hold are not critical to the completion of this milestone
<p>Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.</p>	<p>Throughout DY1Q4, the AMCH PPS, assisted by the consulting firm Accenture, completed an IT current state assessment. Accenture conducted a thorough analysis within a sample of key partner organizations to outline current network capabilities for data sharing and the interoperability of systems. Utilizing this assessment, work has continued with all partners participating in PPS projects. Meaningful Use Stage 2 readiness and PCMH Level 3 requirements along with Hixny connectivity serve as the basis for Primary Care Provider's EHR configurations.</p> <p>A main priority of the PPS is to create a community-based integrated delivery system that will incorporate all aspects of patient care needs. Integration and clinical data sharing among all members of the patient care team will enable providers to work together to avoid potentially preventable events and improve patient care. Utilizing a MU2 certified system offers the providers system functionality necessary to achieve this integration. MU2 certified systems also enable practices to align and document PCMH requirements. All of the PCP practices participating in this project are utilizing MU2 certified EHRs and are exchanging C-CDAs and clinical information with our RHIO Hixny.</p> <p>The Patient Centered Medical Home model of care is one of the core objectives in driving the primary care plan for the AMCH PPS. The PPS has facilitated partnerships with primary care practices to assist with practice transformation. In January 2016, the PPS performed a current-state assessment of all primary care partners to better understand the practices' current PCMH recognition status, as well as future plans and driving motivations for becoming NCQA recognized. Since the assessment, four practice sites have earned recognition as Level 3 PCMH under the 2014 standards and several others are in the process of pursuing this achievement.</p> <p>In April of 2016 under the auspice of the CQAC, the first meeting of the Primary Care Advisory Group was held. The purpose of this work group formation were to promote active primary care participation in DSRIP projects; to facilitate and promote PCMH recognition and the adoption of standards in primary care; to promote integration of primary care and behavioral health; to assist the PPS in determining current primary care capacity; to identify performance needs and develop a plan for those needs, and to facilitate primary care participation in the development of value based payment models. During the first work group meeting, we assessed our partners' readiness or current standing in their PCMH efforts along with any barriers or challenges they faced in successful implementation. As a follow up to the initial meeting, and in order to develop an appropriate RFP, we developed and disseminated a secondary questionnaire to assess what level of support each practice felt they would need. AMCH PPS has launched efforts to hire a vendor to support true practice transformation in order to create a sustainable primary care network that supports DSRIP.</p> <p>As an initial support strategy, in early July, AMCH PPS supported more than 30 clinical and administrative leaders from participating organizations to attend the two-day training in Saratoga Springs, NY. This training was hosted by HANYS and sponsored by the PPS' Workforce Coordinating Council. The course, "Primary Care Practice Transformation-People, Processes, and Technology" addressed not just the fundamentals of the PCMH framework, but also concepts around how to create meaningful and sustainable transformation within the primary care practice setting.</p>
<p>Use EHRs or other technical platforms to track all patients engaged in this project.</p>	<p>The AMCH PPS conducted a baseline comprehensive survey in September 2015 in order to understand the current status of data collection within partner E.H.R. systems as well as any patient registries that organizations create on their own or report into from a population health perspective. Beginning in October of 2015, the AMCH PPS began collecting patient engagement data from partnering organizations that have a POA and BAA in place. For each of the projects that AMCH PPS is participating in, patients that received the defined services, such as a PHQ-2 or 9 in a primary care setting, were reported by secure means in a template registry form. This data included patient first name, last name, Medicaid/CIN, date of service, and NPI or organization reporting. Data is aggregated and de-duplicated on a quarterly basis and reported to DOH for quarterly reporting. Data registry enhancements became a contract deliverable in July of 2016 and each project required additional data elements on a monthly basis. Each patient registry contains Medicaid patient's first name, last name, CIN, Date of Service, NPI, and additional defining elements depending on the project. Project 3bi has two patient registries. The first includes all Medicaid patients seen in the reporting month, with their qualifying diagnosis for this project and the associated ICD-10 code. The registry also asks providers to identify if the 5 A's have been documented in the patient's medical record. The second registry captures REAL data across our participating organizations. This registry includes the number and percent of patients by documented Race, Ethnicity, and Language. The REAL data registry is a one-time registry that will be utilized by the clinical project teams as well as the Cultural Competency and Health Literacy Committee in order to identify areas of focus. The patient registries, along with patient engagement data, will be stored securely within the AMCH PPS and utilized at an aggregate level to help identify target areas of improvement. The AMCH PPS patient registries are a full picture of patients that can be targeted for patient engagement across the projects and participating organizations have structured reports to do so. As AMCH PPS identifies a secure means to share data, population health registries will also help individual organizations target patients</p>



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	for project participation. The E.H.R. subcommittee, clinical subcommittees, the Technology and Data Management Committee, as well as other appropriate stakeholders, will play an active role in creating and updating additional registries as necessary.
Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	<p>The Technology and Data Management Committee (TDMC) Committee approved the formation of the EHR subcommittee to coordinate the effective implementation and utilization of EHR technology to achieve the AMCH PPS goals. The EHR Subcommittee will be assisting the cardiovascular subcommittee with a comprehensive list of attributes and elements that need to be captured in a structured manner for clinical decision support such as the 5A's of tobacco control, self-management tools, and others.</p> <p>To assist providers in this effort, the EHR subcommittee is currently exploring the feasibility of creating automated alerts to complete the 5A's of tobacco control as well as crafting structured templates to capture tobacco counselling and intervention. Pertinent CPT II codes will also be embedded within the templates for quality improvement, retrieval, and tracking purposes.</p>
Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	<p>In DY2Q2, the Cardiovascular Subcommittee reviewed JNC-8 Guidelines for the Management of Hypertension in Adults during the July meeting. The Subcommittee Co-Chair provided a detailed overview of the guidelines, and the Subcommittee moved to approve adoption of the JNC-8. Clinical & Quality Affairs Committee (CQAC) formally approved use of the JNC-8 as standards to which the PPS will hold itself accountable for planning and implementation of the CVD project. The CVD Project Subcommittee has reviewed ways in which the PPS partners/ project participants have incorporated certain elements of evidence-based guidelines into their workflows.</p> <p>At the October subcommittee meeting, the co-chair provided an overview on the treatment of blood cholesterol based on the 2013 guidelines from the American College of Cardiology and the American Heart Association. The guidelines will be brought forward to the October CQAC meeting for formal approval and adoption.</p> <p>Examples of standardized treatment protocol adoption for hypertension across the PPS follows in subsequent paragraphs. The Albany Medical Center faculty practice in which the co-chair of the committee is a clinician, has adopted many components of JNC-8 into their practice. Specifically, there has been a large focus on the standardization of techniques for overall blood pressure control and measurement which includes ensuring appropriate cuff size based on patient's weight. In addition to appropriate measurement, there is also a large emphasis on lifestyle changes using the lifestyles goals tool as adopted by the subcommittee. There is also focus on patient education, the DASH diet, increasing exercise regimens, and the simplification of medication regimens to promote adherence.</p> <p>In addition to JNC-8 guidelines, the AMCH PPS has also adopted Million Hearts as the guide to project implementation. Many of the PPS partners have started to blend JNC-8 as well as Million Hearts into their daily practice. One of the key components of Million Hearts is to provide patients with the opportunity for blood pressure screening without advanced appointment or copayment. Koinonia Primary Care (KPC) has been one of the drivers of this initiative in the community. The Medical Director of KPC shared their process as well as policies and procedures at a subcommittee meeting during DY2Q2. Enhancing access to blood pressure screenings through an open-access model is rapidly being adopted by our partners across the PPS. Albany Medical faculty practice, Albany Family Medicine, a division of Community Care PC, and our regional partners at Columbia Memorial Hospital have adopted this policy and procedure and are in the process of implementing in their organizations. Albany Family Medicine (AFM) planned to pilot this process at their site in September, and all applicable staff was trained as appropriate.</p> <p>The Albany County Department of Health's Local Impact grant aligns with many components of Millions Hearts as well as the cardiovascular project. The Albany County Health Department is working with a federally qualified health center on their local IMPACT grant. This partnership is at the very early stages of development. Some of the strategies being explored are as follows: process mapping for prediabetes and hypertension for purposes of designing systemic practice changes to increase diagnoses and referrals, development and implementation of self-blood pressure monitoring programming including use of pharmacists, monitor medication adherence, provide hypertension counseling and education (via pharmacists and community health workers), and PDSA cycles to evaluate utility of hypertension, prediabetes alerts (for diagnosis of hypertension and pre-diabetes).</p> <p>Any tasks left on hold are not critical for the completion of this milestone.</p>
Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	The AMCH PPS Clinical Integration (CI) Care Coordination Model (CCM), developed by the AMCH PPS in collaboration with Accenture consulting firm integrates both DSRIP and AMCH defined objectives to create a framework defining functions, processes, protocols and governance. The model was developed in collaborative sessions with PPS members to align leading practices. The plan leverages IT integration, multidisciplinary team interactions and centralized functions to improve information sharing across the care continuum. The IT architecture developed and approved by the AMCH PPS and incorporates the following concepts: PPS member must have a capable EHR, PPS member connects EHR to Hixny, PPS care management access to PPS EHR systems for clinical reviews, PPS care management solutions provide care plans



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	<p>and updates to caregivers through Hixny, EHR data and care plans flow predominately through Hixny portal interaction.</p> <p>To support these concepts, all contracted safety-net PCPs and Non-PCPs, have connected or submitted letters of intent to connect to Hixny by 9/30/16. All Primary Care Providers are currently sharing data and have or will subscribe to alerts. In addition, all Care Management providers participating in the Health Home at Risk project will have signed Hixny agreements by 3/30/17. Providers will also utilize functionality within their certified systems to receive Hixny alerts and to communicate with other PPS partners. Providers and CBOs without access to a certified system will become Hixny members which will make them eligible for Direct accounts. Hixny Direct accounts will allow providers whose EMR does not come equipped with a complete Direct transition of care module or Health Information Service Provider (HISP), as well as those without EHRs, to exchange health information with providers and patients securely. The AMCH PPS and Hixny remain committed to collaboratively work with each PPS partner to design the delivery method that best aligns with their particular workflow.</p> <p>Additionally, the CI CCM has exemplified a leveraged interdisciplinary care team approach that includes: Providers, nurses, social workers, patient navigators/community health workers, case managers/ care coordinators, and behavioral health staff. The patient navigator role specifically has been incorporated into the CI CCM in order to assist clinical staff with identifying and managing non clinical barriers to accessing care such as financial, logistical, and coordination/education. Many of the AMCH PPS partners have begun efforts to incorporate the foundations of the CI CCM into their respective organizations. All three hospitals ED's have initiated efforts to hire a patient navigator to assist with providing patient linkages to primary care physicians to assist with transitions of care. Capital Care Primary Care Physicians has implemented a team based model of care for integrated care management. Each team includes a Provider, RN Care Manager, LMSW Care Manager, care navigator, and eventually a clinical pharmacist will be included on their teams. Each patient undergoes risk stratification and is then categorized into risk levels 1-4. Patients that are in risk levels 3 & 4 are referred to care management for intensive coordination. Similarly, our partners at Albany Family Medicine at Community Care also have an extensive care management system with comprehensive care teams. Each care team is comprised of PCP's, nurses, RN Care Manager, and pharmacy interns. The initial visit team preparation includes risk stratification. The patient is then interviewed at the time of the visit for strategies of engagement including goal setting. Health coaching is continued at subsequent visits/follow up.</p> <p>Any tasks left on hold, are not critical to the completion of this milestone.</p>
<p>Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.</p>	<p>At the July CVD subcommittee meeting, a presentation was given by the Medical Director from Koinonia Primary Care (KPC) on their blood pressure screening initiative. The goal of this initiative is to focus resources in an attempt to make a significant intervention amongst the underserved, and to develop a screening program to diagnose Hypertension and actively engage both patients of Koinonia Primary Care as well as others in the community. Koinonia Primary Care offers free blood pressure screenings daily whereby no appointment is needed and one does also not need to be a patient of KPC to have their blood pressure screened. KPC's walk in blood pressure policy and procedure was shared with the subcommittee for adoption. The AMCH PPS PMO also created a template policy and procedure using elements from Koinonia as well as Million Hearts. Enhancing access to blood pressure screenings through an open-access model is rapidly being adopted by our partners across the PPS. Albany Medical faculty practice, Albany Family Medicine, a division of Community Care PC, and our regional partners at Columbia Memorial Hospital have adopted this policy and procedure. Albany Family Medicine (AFM) planned to pilot this process at their site in September, and all applicable staff was trained as appropriate. As part of the Exhibit A Phase I contracting (Contract Metric ID 3.b.i_P5), the AMCH PPS PMO disseminated the policy template as well as a registry template in order to track the roster of patients that walk in for free blood pressure screening.</p> <p>The Albany County Health Department is in the process of partnering with Whitney Young Health Center, a federally qualified health center on their local IMPACT grant. While this work is largely in the pilot stage, they are currently exploring the feasibility of developing and implementing a self blood pressure monitoring program that includes the use of pharmacists, identifying and supporting blood pressure measurement through a Golub/Price Chopper kiosk, monitoring medication adherence, and providing hypertension education and counselling via pharmacists and community health workers.</p> <p>Any task left on hold, is not critical to the completion of this milestone.</p>
<p>Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.</p>	<p>The co-chair of the CVD committee gave a comprehensive overview of the JNC-8 guidelines which included the standardization of techniques for blood pressure management. This included seating the patient for 5 minutes prior to taking the blood pressure measurement, supporting the arm appropriately, and using appropriate cuff sizes based on the patient's weight. The Albany Medical faculty practice has implemented these guidelines in ensuring that blood pressures are taken accurately and have trained applicable staff. Based on this training provided to clinicians at the subcommittee, in turn, several of our partners have provided training to their staff. The Albany Family Practice at Community Care as well as Center for Disability Services is a few examples of organizations that have trained all relevant clinical staff.</p>



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	<p>Whitney M. Young Jr., (WYH) a federally qualified health center, is partnering with Albany County Health Department (ACDOH) on their local IMPACT grant. As part of the work done with this grant, Whitney Young and ACDOH are currently exploring the feasibility of ACDOH providing a training opportunity to the clinicians at the health center for appropriate blood pressure measurement and technique. As part of the AMCH PPS initiative, it is a priority of the cardiovascular subcommittee to support our partners in creating/strengthening systems for appropriate blood pressure measurement and technique. We plan to assist our partners to develop and implement training and competencies for all relevant clinical staff so that this can be done both annually and at new employee orientation.</p>
<p>Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.</p>	<p>The EHR subcommittee will assist with the implementation of the cardiovascular project as it relates to registries, structured data elements, connectivity and alerts. A priority of the subcommittee will be to assist practices to develop a registry in which they will be able to identify patients who have repeated elevated blood pressure readings but no diagnosis of hypertension. The creation of these registries will better assist practices to be able to not only identify high risk patients, but also bring them into care for comprehensive assessment and follow up. The AMCH PPS will also explore the feasibility of creating registries to identify patients at the local RHIO level (HIXNY).</p>
<p>Prescribe once-daily regimens or fixed-dose combination pills when appropriate.</p>	<p>The JNC-8 guideline overview provided by the co-chair of the subcommittee meeting included recommendations on prescribed once daily regimens or fixed dose combination pills when appropriate. The subcommittee as well as the Clinical & Quality Affairs committee has received approval and adoption of the guidelines however it is now a priority of the subcommittee to have practice level commitment and adoption of specific components of the guidelines including once daily regimens and/or combination pills.</p>
<p>Document patient driven self-management goals in the medical record and review with patients at each visit.</p>	<p>As part of DY2Q2 patient speed and scale requirements for the cardiovascular project, the subcommittee prioritized discussions on documenting patient driven self-management goals into the medical record. At various meetings throughout DY2Q1-Q2, the subcommittee reviewed selected self-management tools provided by the co-chair of the subcommittee. The group approved the Albany Medical Center Lifestyle goals as well as the Million Hearts Measure Up Pressure Down self-management tool for adoption. Self-management tools were also brought forward by representatives of the CVD subcommittee for discussion at the Technology and Data Management committee (TDMC). Discussion followed on how to configure elements of self-management tools into structured fields within the EHR. This will assist with documentation and retrieval for reporting purposes. This plan for configuration will be brought forward from TDMC to the EHR subcommittee for adoption and implementation across the PPS. The CVD subcommittee also reviewed and approved "The Self Management Training" tool kit developed by the South West Self-Management program (http://swselfmanagement.ca/smttoolkit/) in order to train all relevant clinical staff in their respective organizations. As part of the Exhibit A Phase I contracting (Contract Metric ID 3.b.i_P6), the self-management training link, as well as training sign in's and documentation were provided to our contracted partners within the PPS for reporting and tracking purposes. Several PPS partners have comprehensive care management programs that support self-management for the highest risk populations within the cardiovascular project. Capital Care Primary Care Physicians have a systematic and methodical process for risk stratifying each patient in their panels. Patients are categorized into levels 1-4 whereby levels 3 and 4 are referred via an internal referral system to in house care management. Extensive work flows and trainings for clinical staff on self-management/action planning have been created by the practice therefore eliciting a strong care management system. Similarly, Albany Family Medicine, a division of Community Care Physicians also has a strong care management program. This program includes patient risk stratification and the implementation of goal setting at the initial visit by the clinical care team. Motivational interviewing and teach back methods are evidenced based strategies used by the team in order to promote patient self-management. At subsequent visits, further health coaching and self-management goal follow up is performed as well as comprehensive patient education if warranted.</p>
<p>Follow up with referrals to community based programs to document participation and behavioral and health status changes.</p>	<p>As part of the Patient Centered Medical Home model of care, there will be a great emphasis on appropriate referral management in order to strengthen systems to track, provide follow up and have better coordinated care. The Care Coordination Model as outlined in the development of the Clinical Integration strategy, has included a framework for patient navigators and community health workers in which they will assist patients to address barriers to care such as logistics and financial. Patient navigators and Community Health Workers will assist with administrative activities as related to referral management including scheduling patients with specialists as well as connecting them to community services. The patient navigator/community health worker can also assist with transportation needs to ensure the patient is able to get to the appointments as scheduled.</p>



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	<p>The Albany Medical Center PPS PMO created a referral/tracking policy using a template from a PPS partner, as well as the Patient Centered Medical Home (PCMH) policy and procedure guide book from the Medical Group Management Association. This template encompassed specialist, community and warm referral processes. This template was disseminated and approved by the cardiovascular subcommittee during the August meeting.</p> <p>As part of the Exhibit A Phase I contracting (Contract Metric ID 3.b.i_P8), the referral policy and procedure which included a warm referral hand off, was distributed in an effort for organizations to provide training to all relevant clinical staff on the processes outlined. Additionally, the PMO provided training documentation and sign in's to our contracted partners within the PPS for reporting and tracking purposes. Processes have been implemented by our partners across the PPS for coordinated, referral management.</p> <p>The AMCH PPS has agreements in place with several organizations that may assist with referral management. The Albany County Department of Health has a comprehensive community health worker program in which they are in conversation with many of our PPS partners how to best leverage and spread services across the continuum. The ACDOH have community-clinical linkages as one of the strategies supporting the Local IMPACT grant. Specifically, the strategy includes community health workers promoting linkages between health systems and community resources as well as promoting partnerships and implementing systems to facilitate multi-directional referral between community resources and health systems for evidenced based lifestyle change programs for people with hypertension and prediabetes.</p>
Develop and implement protocols for home blood pressure monitoring with follow up support.	The Albany Medical Center PPS is currently in conversation with Albany Family Medicine, a division of Community Care, how to best support the practice in implementing home blood pressure monitoring for patients with Hypertension. The PPS is exploring the feasibility to potentially supply the practice with home blood pressure monitoring equipment.
Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	The EHR subcommittee will assist with the implementation of the cardiovascular project as it relates to registries, structured data elements, connectivity and alerts. A second priority of the subcommittee will be to create a registry in order to generate a list of patients with hypertension who have not had a recent visit and schedule for a follow up appointment. The creation of this registry will allow primary care practices with better tracking mechanism to bring high risk patients in for comprehensive follow up care.
Facilitate referrals to NYS Smoker's Quitline.	<p>As part of the Patient Centered Medical Home model of care, there will be a great emphasis on appropriate referral management in order to strengthen systems to track, provide follow up and have better coordinated care.</p> <p>The Albany Medical Center PPS PMO created a referral/tracking policy using a template from a PPS partner, as well as the Patient Centered Medical Home (PCMH) policy and procedure guide book from the Medical Group Management Association. This template encompassed specialist, community and warm referral processes. As part of the community referral portion of the template, language was included to support appropriate tracking and follow up which would include referrals to the NYS Smokers Quitline for those seeking smoking cessation. This template was approved by the cardiovascular subcommittee during the August meeting and disseminated for adoption and implementation. As part of the Exhibit A Phase I contracting (Contract Metric ID 3.b.i_P8), the referral policy and procedure which included a warm referral hand off, was distributed in an effort for organizations to provide training to all relevant clinical staff on the processes outlined. Additionally, the PMO provided training documentation and sign in's to our contracted partners within the PPS for reporting and tracking purposes. These processes are rapidly being adopted and implemented by our partners across the PPS for coordinated, referral management. Additionally, the CVD subcommittee will be aligning with domain 4 on tobacco cessation efforts by working with CBO's to establish linkage with PCP's and regional smoking cessation programs.</p>
Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	<p>The AMCH PPS has created a registry to capture REAL data across our participating organizations. This registry includes the number and percent of patients by documented Race, Ethnicity, and Language. The REAL data registry is a one-time registry that will be utilized by the clinical project teams as well as the Cultural Competency and Health Literacy Committee in order to identify areas of focus.</p> <p>Accenture produced the Clinical Integration Care Coordination Model (CI CCM), which was developed through a collaborative effort by PPS stakeholders and includes standardized, timely and effective processes and guidelines to drive enhanced care coordination. The CI CCM framework illustrates the workflow of integrated care coordination across the continuum of all care delivery settings, to include the leveraged interdisciplinary care team.</p> <p>The Health Home At-Risk Intervention project subcommittee was formed in March 2016 with the following objectives: to facilitate the expansion of access to community primary care services and development of integrated care teams (physicians and other practitioners, behavioral health providers, pharmacists, nurse educators and care</p>



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	<p>managers from Health Homes); to meet the individual needs of higher risk patients who do not qualify for care management services from Health Homes under current NYS HH standards (i.e. patients with a single chronic condition but at risk for developing another), but who appear on a trajectory of decreasing health and increasing need that will likely make them HH eligible in the near future. (NYSDOH) The subcommittee includes representation from hospitals, private provider practices, behavioral health organizations, health homes, and CBOs.</p> <p>An overview of Health Homes was delivered by the Alliance for Positive Health at the May 2016 HHARI subcommittee meeting. The training included the following topics: definition of a Health Home, history and development of health homes, care Management philosophy, explanation of HARP, health home eligibility, referral mechanisms and community referral processes, and challenges such as IT connectivity and finding high risk individuals in the community. The process flow of the care continuum was presented using a mock patient. The AMCH PPS is working collaboratively with Columbia Memorial Hospital and the Columbia County Health Home downstream providers to implement a pilot project that will identify patients with Hypertension, who are at risk for developing a second condition, and will provide that "at-risk" population with care coordination services. The focus of the pilot project is the linkage of "at-risk population" with PCMH providers in the county. The PCPs will work collaboratively with the patient to develop a care plan to address the patient's needs.</p> <p>Through ongoing research and discussion, the AMCH PMO began coordinating efforts with University at Albany's Center for Excellence in Aging & Community Wellness to deliver Stanford Model training in pursuit of a non-applicable implementation metric. These collaboration meetings were a way to gain knowledge on the Stanford Model, collaborate with a local CBO with expertise in the subject, and potentially provide training to additional organizations. Unfortunately, due to conflicting grant opportunities, the Center for Excellence and Aging needed to put this collaboration on hold until awards were announced from other resources outside of DSRIP. The PMO continued to reach out to additional resources but none of which served our region. The limited resources for organizations within the PPS's catchment area trained and qualified to deliver the Stanford Model's Chronic Disease Self-Management Program is an impediment to model implementation and therefore the Stanford Model of Care was not applicable to milestone completion.</p>
<p>Adopt strategies from the Million Hearts Campaign.</p>	<p>Adopt strategies from the Million Hearts campaign.</p> <p>The cardiovascular project and its entirety are based on the components of the Million Hearts campaign. Our partners at Albany County Department of Health have significant alignment with the Million Hearts campaign through the Local IMPACT grant. The Local IMPACT grant is intended to reach the general population, adults with hypertension and adults at increased risk for hypertension, type 2 diabetes and prediabetes. Partnerships facilitated through the grant are required to identify and target high need areas within these counties as well as partner with community entities and health systems that serve low income populations.</p> <p>The key strategies of the grant are the following: promotes health system changes such as identification of patients with undiagnosed hypertension, increasing engagement of nurses and pharmacists to assist patients with self-management of their chronic condition, and increasing EHR adoption to improve performance. There is also a large focus on community/clinical linkages which focus on the engagement of community pharmacists in the provision of medication/self-management for adults with hypertension. Additionally, there is a large emphasis on community health worker program to promote linkages between health systems and community resources for adults with hypertension. Other components of the grant include environmental approaches such as implementing nutrition standards in public institutions, increasing access to healthier food choices and promotion of physical activity. The Albany Medical Center PPS is working to leverage aspects of the Local IMPACT grant according to priorities identified by the CVD subcommittee and Albany County Department of Health as an active participant of the PPS and subcommittee.</p>
<p>Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.</p>	<p>In September 2016, the AMCH PPS PMO disseminated a comprehensive value-based purchasing (VBP) assessment to all contracted partners in the network. This initiative was done collaboratively with COPE Health Solutions, which is the entity that was engaged to assist the PPS with the development of contracts and funds flow, in order to maintain confidentiality of our partner's proprietary payer contract information. Although a VBP assessment was conducted in 2015 as part of the overall comprehensive baseline assessment, the assessment distributed in September 2016 was created so that the PPS could obtain a more thorough valuation of VBP in the network. The AMCH PPS VBP workgroup, which is comprised of 12 partner organizations from varying capacities and four MCOs, reviewed and approved the assessment prior to distribution.</p> <p>Information such as payer mix by service type, details of VBP agreements currently in place, level of VBP, ACO involvement, perceived barriers to success, accelerators in use, support needed, timeline to implement VBP, preferred compensation modalities, and others were obtained through the assessment. An aggregated report of this information will be provided to the PPS so that a plan to transition the network to VBP can be developed.</p> <p>The VBP assessment provided information about PPS partner's current contracting arrangements. Community Care Physicians and Trinity Alliance of the Capital Region</p>



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	<p>currently have smoking cessation services, hypertension screening, and cholesterol screening in agreements with their MCOs. CapitalCare Medical Group has hypertension screening and cholesterol screening.</p> <p>Per the Federal Trade Commission, the PPS is not permitted to contract on behalf of its partners in its current structure. In addition, the VBP milestones under the Finance workstream have been postponed. Therefore, a VBP roadmap has not yet been developed. As such, all of the tasks outlined for this milestone, with the exception of task 6 and 7, are not applicable. As described above, the VBP workgroup currently meets monthly to discuss education needs and to provide general guidance. Once additional guidance is provided, these discussions will evolve and a VBP roadmap will be developed.</p> <p>Ongoing assessments will be conducted to monitor the progress of the transition to VBP. The PPS will continue to work with the Finance Committee, VBP Workgroup, and the PPS Board to further define the transition plan.</p>
Engage a majority (at least 80%) of primary care providers in this project.	<p>While primary care physicians continue to be committed and engaged in the cardiovascular project, we have not reached the engagement target of 80%. At present, we have engaged 68% of our network.</p> <p>Primary care physicians engaged in the CVD project consistently attend the cardiovascular subcommittee meetings as well as the Clinical and Quality Affairs Committee meetings. They support the implementation of evidence-based best practices for disease management in medical practice for adults with cardiovascular conditions, as well as share best practices from their respective organizations. Specifically, Provider champions from Koinonia Primary Care and Albany Family Medicine have presented to the subcommittee on their walk in blood pressure process for others to adopt. They have also led efforts to pilot this initiative at their respective sites due to community need. The co-chair of the subcommittee, also a primary care physician, has provided an overview of the JNC-8 guidelines as well as the treatment of blood cholesterol based on the 2013 guidelines from the American College of Cardiology and the American Heart Association. These guidelines were formally approved by the subcommittee and then brought forward to the Clinical and Quality Affairs Committee for formal approval and adoption.</p> <p>After phase 1 contracting, the CVD project has 320 primary care providers engaged in the project, 1187 non-PCPs, 8 clinics, 8 Case Management providers, 66 Mental Health providers, 1 substance abuse provider, and 3 pharmacies. Of the 1593 providers engaged in this project, 117 are safety net providers. Our network has had some transition of providers since it was created in November 2014 and therefore primary care providers that were actively practicing at organizations are no longer there, hence giving a false number of "unengaged" providers left in the network. We will resolve this issue when the network opens to remove retired providers.</p>

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Fail	PPS did not meet its Project Implementation Speed & Scale requirements for this milestone.
Milestone #3	Fail	The PPS did not complete this milestone by the prescribed deadline.
Milestone #4	Pass & Complete	
Milestone #5	Fail	The PPS did not complete this milestone by the prescribed deadline.
Milestone #6	Pass & Complete	
Milestone #7	Pass & Complete	
Milestone #8	Pass & Complete	
Milestone #9	Fail	The PPS did not complete this milestone by the prescribed deadline.
Milestone #10	Fail	The PPS did not complete this milestone by the prescribed deadline.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #11	Fail	The PPS did not complete this milestone by the prescribed deadline.
Milestone #12	Pass & Complete	
Milestone #13	Pass & Complete	
Milestone #14	Fail	The PPS did not complete this milestone by the prescribed deadline.
Milestone #15	Fail	The PPS did not complete this milestone by the prescribed deadline.
Milestone #16	Fail	The PPS did not complete this milestone by the prescribed deadline.
Milestone #17	Fail	The PPS stated that it had done some work to work with a partner to conduct trainings, but "Unfortunately, due to conflicting grant opportunities," a partner "needed to put this collaboration on hold until awards were announced from other resources outside of DSRIP."
Milestone #18	Fail	The PPS did not complete this milestone by the prescribed deadline.
Milestone #19	Fail	The PPS provided a list of partners that have agreements with MCOs, but it is not clear what activity the PPS has taken to ensure that their partners have agreements in place with MCOs related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services. A list of those partners that have agreements alone does not demonstrate that the PPS is working with their partners' MCOs.
Milestone #20	Fail	PPS did not meet its Project Implementation Speed & Scale requirements for this milestone.



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 3.b.i.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 3.b.i.5 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project 3.d.iii – Implementation of evidence-based medicine guidelines for asthma management

✓ IPQR Module 3.d.iii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

We have identified several risks of implementing this project, including creating evidence-based guidelines for asthma management. One of the risks is obtaining provider buy-in. Changing care protocols will require the identification of physician champions to lead the initiatives and a significant number of providers will be required to adopt the established protocols. We will also have to obtain significant provider buy-in in order to establish telemedicine services. Providers will have serious concerns about providing care without the patient physically present. Another impediment will be aligning initiatives with neighboring PPSs. With different demographics in the varying counties, designing a care model to meet everyone's needs will be difficult. Since the AMCH PPS does not have any identified Health Homes in our network, we will have to work with the surrounding PPSs on this deliverable as well. Finally, the inconsistency in technology from provider-to-provider will have to be addressed. To mitigate these risks we will, obtain provider and organizational buy-in, incentives will be provided for the use of established care protocols. Physician champions will be offered additional stipends as leaders within the PPS. Guidelines will be created and education will be conducted in order to engage providers using telemedicine technologies. When collaborating with neighboring PPSs and The Capital District Asthma Coalition, the providers will have to outline a mutually beneficial plan that helps achieve all deliverables in all areas, including identifying health home providers in our PPS region. With new care guidelines, unnecessary ER visits could be reduced, thus decreasing the expenses to the participating MCOs. Finally, incentives will be provided to organizations that upgrade/update their technologies to be more in line with their PPS partners.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 3.d.iii.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY2,Q2	4,312

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	3,881	4,312	3,881	4,312
	Quarterly Update	825	998	0	0
	Percent(%) of Commitment	21.26%	23.14%	0.00%	0.00%
IA Approved	Quarterly Update	0	324	0	0
	Percent(%) of Commitment	0.00%	7.51%	0.00%	0.00%

⚠ Warning: PPS Reported - Please note that your patients engaged to date (998) does not meet your committed amount (4,312) for 'DY2,Q2'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mcintyc	Rosters	1_DY2Q2_PROJ3diii_MDL3diii2_PES_ROST_AMCH_PPS__3_D_III_FINAL_cumulative_FOR_MAPP_UPLOAD_6588.xlsx	AMCH PPS 3diii DY2 Patient Engagement	10/25/2016 01:41 PM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its Actively Engaged commitments for DY2 Q2



New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 3.d.iii.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.	DY2 Q2	Project	N/A	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS has agreements from participating providers and community programs to support a evidence-based asthma management guidelines.		Project		Completed	09/07/2015	09/30/2016	09/07/2015	09/30/2016	09/30/2016	DY2 Q2
Task All participating practices have a Clinical Interoperability System in place for all participating providers.		Provider	<u>Practitioner - Primary Care Provider (PCP)</u>	Completed	09/07/2015	09/30/2016	09/07/2015	09/30/2016	09/30/2016	DY2 Q2

Providers Associated with Completion:

Abigail R Watson; Agopovich Arsenio Md; Aitken Geri Lynn Do; Alarcon Gabriel Baldomero Md; Alegre Catalina; Allard Ingrid M Md; Anand Vinod Md; Aragona Sharon L; Arnold Hendrick Jr Md; Assevero Anna-Maria D Md; Azad Abul Kazam Md; Bakst Gary Md; Bala Virinchi; Baldini Gleda P Md; Barats Lev Leonidovich Md; Barillas-Arias Lilliana Md; Barraclough Nancy L Np; Barry Kelli Ann; Baselice Marino Md; Beauchamp Cara E Rpa; Bedford Sharon L Md; Bednarek Rebecca S; Bellin Joyce Lea Pa; Bello Scott C Md; Berman Jessica Dembitz Md; Bertram Michael C Md; Betancourt Nicole; Betit Alan; Bevilacqua Lisa Rose Md; Blatz Sarah J Pa; Borden Eric Charles Md; Borden Jennifer Lynn; Borrelli Karin; Bossolini Marybeth M; Braden Diane Beers; Brady Helen H; Brasch Mary L Md; Braungart Carol Fritz; Breen Martin Md; Brennan Tracey Lynn Md; Brennan-Jordan Nancy; Brilliant Rachelle I; Brown Sheryl; Brueggemann Christina Mchugh; Buff Christopher Md; Buhlinger Christine A Md; Burchell Randall Lawrence Md; Burke Michael Kevin Md; Busch Robert Steven Md; Busino William A Jr Md; Butterfield Rebecca C Md; Caiazza Margaret; Campagna Kristine J Do; Campbell Kathleen Kissane Rpa; Caramore William J Md; Cardiel Alexander Md; Carrasco Andrea Y Md; Carrelle Raymond J Md; Caulfield Patrick Francis Md; Cerone Jennifer Rebecca Boden; Chakraborty Ranen Kumar Md; Chan Cindy Hoying Md; Chaudhary Shawn Ahmad; Chauvin Rebecca L; Chava Prabhakar Rao Md; Cieszynski Veronica Eileen; Cioffi James Michael Md; Cirenza Emanuel Nicholas Md; Clark Catherine Nielsen; Clark Kristina Marie; Clark Melinda Beth Md; Clemente Kimberly; Cleney Holly K Md; Cleveland Byrd Md; Cohen Erik; Colman David Lawrence; Compa Kristen Leigh Md; Condy Angela G Md; Conlon Alan T Md; Conway Lillian Marie; Cossey Jason L; Costello Kevin B Md; Cotugno Steffani Do; Craig Maier; Culp Anita; D'Avella Wendy K; Daggett Brian George Md; Davis George Fabyan Md; De Waal Malefyt Stephen Karel Md; Deckelbaum Scott Howard Md; Delamater Jeffrey T; Denovio Bradley M Rpac; Diamond Courtney Beth; Diaz Miguel Remigio Md; Ditursi Mary Kathleen Williams; Dollard Michael Anthony; Donohue Robert; Dooley Kevin M Md; Doro Kristienna Martin; Dorsey Susan Serra Md; Dort Janice Beth; Dougherty Katherine; Downey Kathleen Md; Doyle Robin M Md; Drzymalski Zofia Wanda Md; Duff Thomas Edward Jr Md; Dvorscak Amanda Jayne; Dykstra Todd Bryan Rpa; Eaton Carolyn A Md; Eldeiry Samer S Md; Eldredge Daniel; Elguero Carlos; Enzien Ernest M Jr Md; Ernst Cheryl Elaine; Ethier Gloria; Farrell Claudia Sales; Farrell Richard Md Jr; Ferrando-Ross Pedro I Md; Fishel Stephen C Md; Flanagan Jean Ansari Md; Flatau Irene Ruth Md; Flik Anna Grattan Md; Flynn Dedra Md; Ford Bradley A Md; Friedrich Marcus Edmond; Fruiterman Mark L Md; Fruiterman Roy Md; Fusella Joseph Ii Do; Gandham Vijaya L Md; Gaston Shenelle R Md; Gaylord James Md; Gebhard Paul E Jr Md; Gelfman Rachel Dawn; Gelman Leonard M Md; Gerety Gregg F Md; Getzke Nancy L Np; Gildersleeve Rebecca Ann Md; Gilroy Shelley Ann Md; Glasgow Constance Lenore Mdpc; Glick Cheryl M; Goddard Bryan L Md; Goldberg Steven Marc Md; Goldsmith Christina Marie; Gomez-Di Cesare Caroline M Md; Gowdara Divakara Murthy Md; Gradner Jill A Md; Graney Sheela Md; Grant Stephen A Md; Greenblatt Carol Lynn Do; Greenblatt Michael J Md; Greenfield Country Medicine Pllc; Greenwald Lisa; Gross Eric J Md; Guice Stephanie M; Gupta Saaket Md; Guptill Gloria G; Gurralla Geetha Md; Haber Eugene Curtis Md; Halbig Robert Joseph Md; Haldeman Iii Richard J; Hanley Audra J Md; Harde Hasamukh C Md; Hart Ashley Rose; Hawthorne Jami M; Hechanova Arnel B Md; Hennessy Elisa; Henson Jennifer T; Herman David L Md; Hickey Lynn Leitner Md; Hildreth Deborah A Rpa; Hobbs Patricia; Hogan-Moulton Amy E Md; Howard Elizabeth A Md; Hoy Christopher Dion Md; Hunter Philip Raymond Md; Ianniello Louis Md; Irani Danesh S Rpa; Jacobs-Friedman Alon B; Jacobson Kirsten Elizabeth Md; Jain Rajinder Md; James Philip C Md; Janowski Darcy A; Jeannie Ngygen; Jellinger Robert M Md; Johnson Charles A Do; Johnston Mary Md; Jorgensen Stephanie E Md; Jue Donald Md; Justa Shelley Md; Kanthal Marissa Loren; Karyn Marie Hughes; Kasarda Karen Marie Rpa; Katz Linda G Np; Kelleher Ruth Ellen; Kerr Hamish Alistair Md; Kineke Stephen Francis Md; Knapp George Sterling Md; Krizar Stephen Lewis Md; Kronick Gary Archer Md; Kucij Lyn Irene Rpa; Kudria Inna Md; Kumar Arbind Md; Lahtinen-Aley Kristina Marie Md; Larner Virginia Blake Rpa; Larsen Douglas P; Lauren T Siy; Lawson Jessica L; Lecours Laura Yates Md; Lee Arthur Farren Md Pc; Lee Josephine M Md; Lemanski Paul Md; Lemons Lorraine S Do; Leonidas Leonard Al Md; Light Deborah I; Lindstrom Jennifer E Md; Litts Warren C Jr Md; Livolsi Laruen L; Locke Elizabeth Anne Md; Ludwig Samantha Md; Mack Brigid; Mack Kristin Lake; Madala Padmaja Md; Malin Julia Md; Malone Anthony F Md; Mance Joan M; Manjunath

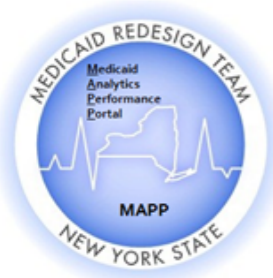


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
<p>Kallanna Md; Marici Kathleen Md; Marinello Anthony James Md; Marshall Robert Andrew Md; Marshall Ryan; Marthy-Noonan Anne K Md; Martin Jill; Martin Kristen Hedger Md; Martorana Sebastian Vincent; Mary Patricia Shierly; Matott Heather Melissa; Mccarty Kaitlin Elizabeth; Mcgaffin Christina E; Mcgarry Karen A Rpa; Mckean Elisabeth Waterman Md; Mckinney Sue Peterson Rpa; Mead Daniel H Pa; Mekosh Susan Lynn; Meltz Theresa Ann Rpac; Merecki Eugene Karl Md; Merkhan Samuel Kabriyel Md; Merriman Joann; Meyer Vincent Edwin Md; Michelena Karen X; Mifsud Mindy; Mihindikulasuriya Joseph C Md; Millea Kerry; Miller Cynthia H Md; Mirza Shahida Parveen Md; Mitkoff Nathan B Md; Mitnick Neil Craig Md; Mitta Swatantra K Md; Mondelo Doreen Perez; Monkash Jeff Ira Md; Monserrate Nicole Marie Md; Montelone Kimberly Ann Np; Moran Antoinette Collins Rpac; Morgan Ayman Md; Morgan Lacey Elizabeth; Morin Michael P Md; Muller Susan Marie Md; Murphy Christine M Md; Murphy William Patrick Md; Murray Amy J; Mustafa Marianne A Md; Musto Ronald V Md; Navarette Kristen Alexandra; Navarro Brian Scott Md; Neilley Henry Md; Nemith Lindsay Mumford; Newton Scott; Nguyen Hung Dinh Md; Nicholson Timothy Joseph; Nielson Robert P Jr Md; Nolan Florence A Md; Norton Neal David Jr Rpa; Noyes Kimberly; O'Brien Joanne Elizabeth; O'Brien Michael F; O'Loughlin Suzanne; Obeid Leila Ann; Oke Benjamin; Olszewski Peter; Omeara Shannon Lauren; Orsi Richard A Md; Osborn Kyle Thomas Md; Owen Claudina; Pachucki Kevin Christopher Rpa; Paeglow Robert John Md; Parent Colleen E Md; Parikh Nita S; Pascual Arsenio George Md; Patel Umesh; Patil Nagaraja N Md; Pelnik-Fecko Tricia Ann Md; Petraccione Lisa F Rpa; Pezzulo John Phillip Md; Phelan Carol Beberwyk; Pierce Jean Catherine Rpa; Pomichter John Stanley Md; Pope Ronald James Do; Potratz Meagan A; Price Darin Michael Md; Price Marc David Md; Pride Boone Janice Md; Puthuparampil Beulah J Md; Quarrier John V Md; Quinn Barbara Hunter; Rabbin Linda S; Raggs Hope G; Ramani Ananthkrishnan Md; Raveendranath Brooke A; Ray David Allan Md; Reed Monica Renee; Reider Jacob Michael Md; Richman Charles H Md; Ricker Kerry Elizabeth Do; Rienzi Peter Anthony Md; Rios Zandra M Md; Robinson Kristen; Roche Sean Patrick Md; Rodriguez-Goodemot Renee B Md; Ronan Alisha Lynn; Rose Jennifer; Rosenbaum Elena; Rosenberger John Daniel Md; Roske Julia H Rpa; Rovere Rena Marie; Russell Jennifer Brooke; Rutter Ann; Sacco Joseph P Md; Salimah Dhanani Md; Saluja Ravinder Kaur Md; Samedov Nikolay Md; Samuel Jency Thomas; Santoro Eileen; Saperstone James D Md; Saunders Patricia V Md; Sazon Alexandr; Sazon Tatiana; Schnakenberg Eric C Md; Schneider Nicole Marie; Schnide Kenneth Ben Md; Schottler-Thal Carrin Md; Schumacher Thomas C Md; Schwartz Kenneth Md; Schynoll Gerald Klaus Md; Seaman Tami Md; Searfoss Linda A; Semlear Robert Dwight Md; Sgambati Carl Willard Md; Sgarlata Donna L; Sheaffer Margaret A; Sheehan Rebecca; Sherwood David Edward Md; Shin Joong; Shulof Jennifer Amy; Signor Connie J; Siniapkin George C Md; Sipperly Stephen F Do; Sirico Theresa A Do; Smitas Catherine Malone Md; Smith Marsha; Sonnekalb Michael P Md; Sorum Paul C Md; Spindler John B Rpa; Spinelli Karen Ann Md; Spingarn David H Md; Steckley Renee E Rpa; Steckman David; Stein Rhonda Danielle Md; Stetzer Lee; Stevens Arthur L Md; Strader Stephen Earl Md; Talma Theodore E Md; Taneja Sanjay Md; Tera N Hetrick-Platte Md; Tetreault William Robert Md; Thompson Dean A Md; Thorn Lisa Marie Md; Tietgens Sharon T Md; Tolentino Rommel M Md; Tomiak Henry P Jr Md; Tonneau Benoit Md; Torre Jenny Ann; Trapp Joseph J; Tumuluri Srilaxmi; Vachon Cary Ian; Vachon Francois Marc Andre Md; Vasquez Deborah A Md; Verrico Ivelisse Ann Md; Viola Theresa Md; Vitale Alex Nathaniel; Vollmer Kelly J; Walders James D Md; Wales Danielle Patricia; Walker Michael Francis Md; Warner Deborah P; Warszawa-Ambros Maryla A Md; Wasniewski Holly L Md; Watsky Jay G Md; Wayne Joseph T Md; Weissberg Robert A Md; West-Brown Janet; Winchester Susan B Np; Wise Birute Marija Md; Wolff Michael Leonard Md; Wong Winston C Md; Woodruff Barbara A Rpa; Woods Margaret Mary Md; Woods Norbert J Md; Wright Stuart B Md; Yadegari-Lewis Nasrene Md; Yan Richard; Young Linda; Yousuf Asim Md; Zabinski-Kramer Kathleen Md; Zeltner Theodore Harold Md; Zimring Debra Carol Md</p>										
Task										
All participating practices have a Clinical Interoperability System in place for all participating providers.		Provider	Practitioner - Non-Primary Care Provider (PCP)	Completed	09/07/2015	09/30/2016	09/07/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:										
<p>Abdelhamid Ayman; Abdullah Mishal; Abel-Bogner Lisa; Abraham Christa Rose; Abraham Lisa Puthuparampil; Achar Naveen Md; Adamo Matthew Armand Md; Adetayo Oluwaseun; Adger-Antonikowski Angela; Adjara Jennifer Ekwutosi; Adsit Mark G Md; Afroze Farzana; Afsarkeshmiri Armin Md; Akujuo Adanna Chinaka Md; Akuoko Nana; Al Kawass Anas; Alapati Sailaja; Albright Lauren Ann; Alderisio William George Md; Alger-Mayer Sharon A Md; Ali Jameel; Allison Stefanie L Md; Allmendinger Nikki; Alpaugh Craig Alan; Alshaer Khalil; Ambati Shashikant; Amin Hetal Thakor Do; Amin Hiral Natwarlal Md; Amory Colum; Amsden Tracy Rpa; Amyot Edmond Md; Andrejuk Tomasz Md; Andriakos Peter George Md; Ares Carlos Alfredo Md; Argoff Charles E Md; Arunakul Nathapong; Asare Kofi Sarkokie; Asher Shellie Lynn Md; Askew Allyson Ann; Astorga Raket Maria; Ayre Harvey Brandon Md; Azam Nyla Khalid; Bailey Kelly Ann Np; Bailey Laura M; Baker Judith A; Baker Kenneth J Md; Bakhos Charles; Bakhru Usha H Md; Balkoski Victoria; Balog Amy; Baran Andrij Ostap Dimitry Md; Baranov Dmitri; Barba Anne Lauren Phd; Barcomb Timothy F; Barlin Joanne Nuqui; Barnert David M Md; Bartfield Joel M Md; Bartholomew Catherine R Md; Batool Asra; Bauer William M Md; Bayoumy Sayed Mahmoud Md; Bedinotti Ingrid; Beegle Scott H Md; Beer Ruth Md; Beesley Bruce A Md; Bekan-Homawoo Brigitte Edwige; Bell Joseph William; Belova Natalya Md; Bennett Edward V Jr Md; Bentley Tyrone; Berger Ashleigh; Berkovich Betsy; Berkowitz Richard; Bernad Jason Edward Md; Bernardi Shaina; Berry Wendy J; Betts Maia; Betzhold James John Md; Beyer Robert; Beyer Todd David Md; Bhullar Ravneet; Bielawa Robert A Rpa; Birdsey Karen Diane; Birnbaum Eliot L; Biscossi Michele Lee; Blackburn Chame Curtis Md; Blackington Colette C; Blaisdell Lauren Mackenzie; Blinkhorn Richard John Jr; Bloomfield Naomi Terry Md; Bloss Christopher A Md; Bock Devon E Md; Bock Katja Elizabeth Md; Boenau Ioliene Beth Md; Boguniewicz Anna B; Bombard Tiffany; Bonner Lori Lee; Boone Cheyenne Allen; Boss Donna Jean; Boulos Alan Samuel Md; Boulos Maria Theresa Bajas Md; Bourke Diane A Md; Bovee Norman; Boyar George Md; Boyd-Smith Molly; Bradley Nina Grace; Brasch Robert C Md; Bravo Enrico A; Bredwood Jacqueline E; Brendese Stephen C; Brewer Brandy Yvette; Britton Lewis W Iii Md; Brodsky Laura F; Bromley Nicole; Brooks Timothy Alan Md; Brownell Donald N; Bruce Victor G; Bruno Natalie; Bryan Richard; Bughrara Nibras; Buhac Jean C; Buhac John Md; Bulford Lionel A Dds; Bunch Marjorie; Burdick Jeffrey J Md; Bushart Matthew Thomas; Buzzola Rino Alberto; Byrne William Md; Byrnes Christine M; Byrnes Crystal; Cabuhat Aleta; Cadigan Beth Md; Calistri Christine Jane Np; Cameron Jeffrey Stuart Pa; Camp Rodney L Md; Campito Mitchel A Md; Capek Lucie Md Plc; Capello Seth Alexander; Caracci James Robert; Card Harold George Md; Cardinale Carmen; Carl Allen L Md; Carlin Kristine Marie; Carlson John A Md; Carney Michael; Carr Catina; Carruthers Jay; Carsello Carrie; Carsello Jeffrey; Carsillo Vincent James Ii Do; Casale Charles Vincent Md; Case Christopher John Md; Casivant Belinda M; Castma Naika Clara; Caulfield Cora Lynn; Ceballos Jeanne Forziat; Ceccucci Janice Lynn; Celestin Jocelyn Md; Celmins Dzintra Freimane Md; Cerda Jorge Md; Chalmers Paul Md; Chandolias Nikolaos; Chang Andrew Md; Chang Kit Laura Annelise; Chang Robert Dds; Chang Theodore Tuan Md; Chao Jerome Donald Md; Chase Michael P Md; Chaudhary Ayesha Muriam; Chaudhary Faisal Rashid; Chaudhry Rafia Ishaq; Chaudhry Sanjay Md; Chernoff Daniel Michael Md; Chismark Anthony David; Chopra Amit; Chopra Rupal Md; Choudhary Madhuchhanda Md; Chow Yvonne; Chowdhery Naseer Amd; Christian Patricia S; Chu Alan L Md; Ciccarella Blair; Cirilla Dennis Jacob Ii Do; Clark David A Md; Clark Steve Daniel Pa; Claus Jeffrey K; Clinton Henry Louis Jr Md; Coffman Megan; Cohen Donna Marie; Coiteux Yvonne C; Colaneri Jean; Cole Peter Ramon Md; Coletti Jamie L; Collins Kevin P; Coloprisko Sara Ann; Comar F Dayle Md; Condy James Dearien Jr Md; Conley Thomas Eugene Md; Constantino Jorge Lucas Md; Conti David J Md; Cooley Christine; Cooley Michael Robert; Coombs John Michael Christopher Md; Cooper Benjamin Z Md; Copeland Terese Agnes Md; Cornell Kathleen; Cornish Chad Matthew; Cosgrove Ellen F Md; Cote Amanda Pauline; Crnkovic Anica Md; Crosby Erin Claire; Crosier Amanda; Cullen Kathryn; Cummings James J Md; Cunningham Lynn A; Cutler Amos B Md; Cutry Anthony; Czajka Ellen M Md; D'Arcy Allison T Rpa; Dadian Nishan; Dahl Jeanne A; Dailey Michael Winter Md; Dakakni Tarek; Dalfino John Charles; Daly Pamela Lynn Dpm; Damore Dorothy Taylor; Daniela Iulia Sima; Daoui Rachid; Daraban Nicoleta Md; Darling Ralph C Iii Md; Davison Edwin Allen Jr Md; Dawkins Earl Anthony Rpa; De Arup Md; De Elise J B Md; De Filippo Jennifer L; De Lair Paula Crehan; De Vito Michael A Md; Deanda</p>										

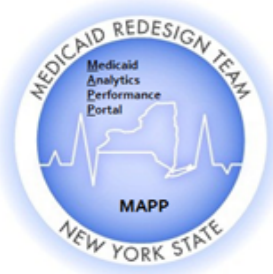


New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Abelardo Md; Dearth Christine Cillis Md; Debergh Marc Taylor; Deblock Heidi Frutchy Md; Deeb Erin M; Defranco John Md; Defreest Lori; Del Giacco Desmond Rudolph Md; Delago Augustin J Md; Demaree Julie E Rpa; Dempsey Stephen J Md; Denio Diana M; Deroo Andrew; Desai Nimesh Shashikant Md; Desantis Sara E; Desemone James Md; Deserre Steven Francis Cnm; Desimone Cheryl Ann Md; Deteso Damon Md; Devejian Neil S Md; Dexter Martha Evelyn; Dexter Scott C Md; Diaz-Parker Carl E; Dicerbo Nancy; Dick Ronald Larrabee; Dickson Matthew J Md; Digiovanni Louis A Md; Dirisio Darryl John Md; Dirusso Michael T; Dittes Paul; Dodd Debra L; Dodd Jack Edward Jr; Dolen Michael; Dolinsky Christophe; Donnarumma Robert; Donovan Sean; Dorfman Annette; Doti Christopher Warren; Doyle Melissa M Csw; Drzymalski Jolanta; Duncan Luke Joseph; Dundon Renee Rpa; Dunkerley Christopher J; Durie Nicole; Durphy Jennifer; Duthaler Todd Douglass Md; Dweck Laurie Jo; Eager Jeremy Morgan; Eames Frederick Md; Eastman Michelle Lee; Edge Walter E II Md; Edmond James A Md Pc; Ehlers Melissa Anne Md; Eisele George Md; Elacqua Mary S; Eldredge Amy Beth; Ells Peter Francis Md; Ellwood Rebecca; Elsagga Elizabeth; Engelhart Heather; Englander Meredith J Md; Ennis Corey Elizabeth; Eromo Ersno Md; Espiritu Marvee Gay Santiago; Esposito Russell J Do; Estrada Fabiola Alisson; Ettekal Yashar; Evans Christopher Johns; Evans Mary Teresa; Evans Sarah M Rpa; Fabian Thomas; Falardeau Jodi L; Falk Arthur N Md; Fantauzzi John Patrick Md; Farah Rebeka Rpa; Farnsworth Wayne J Md; Farooqi Wiqar; Farren Seth Timothy; Fay Mary E; Fazzio Lydia Olympia; Fear Philip J Md; Fein Lawrence Md; Fein Steven Md; Feinberg Zachary Allan; Ferdinand Francis Darrell; Ferrando-Dehtiar Natalia Victorovna; Ferrara Justin Michael; Ferrillo Martin; Field William Edward II Md; Filanova Vincent Dds; Finger W Edward Jr Dpm; Finn Daniel Joseph Md; Fiore Alicia J Rpa; Fiorini Jennifer; Fisher Hugh A G Md; Fisher Marilyn Ann Md; Fisher William Thomas Md; Fitzpatrick Michael Md; Flax Harold; Flood Christopher Daniel Md; Foley Jeffrey A; Folger Walter H Md; Ford David L Md; Ford Jockular B Pc Md; Ford Patricia Ann Md; Forget Jeffrey; Forrest George P Md; Foster David E; Foulke Llewellyn; Fox John M Dds; Foyt David Md; Francomano Thomas John Md; Frank Alex Harris Md; Franklin Peter Augustus Md; Frawley Bridget Kathleen; Freeman Beth E; Frey Michelle West; Friedman Cynthia Susan; Frisch Adam Md; Fritz Howard Philip Jr Md; Fritz Jeannene; Furst Branko Md; Gainer Jonathan P Md; Galati Lisa T Md; Galay Igor; Gandarillas Jesus M; Garbarino Kathleen Marie; Garcia Juan Carlos Md; Garcia Medina Lymaris; Garla Sreenivas; Gearwar David C; Geary Sean Patrick; Geis Gina; Gennari Lindsay; George D Waterman Jr; Gerber Allen Md; German John William Md; Gicewicz Adam; Gilbertson Dorothy; Gildener-Leapman Neil; Gill Tarig N Md; Giramonti Karla Michelle; Giuffrida Lashawnda L; Glaser Jordan; Glaser Lewis A Md; Gleason Mary Kathryn; Gleason Zachary M; Glozman Alexandr Josifovich; Gobunsuy Romel; Gokey Ellen L; Gold Daniel C Rpa; Goldberg Barry Stuart Md; Goldenberg Kelly A Cnm; Goldin-Denio Margaret; Goodman Thomas L Md; Gorczynski Christopher Md; Gordon Peter Eliot Md; Gordon-Stacey Carrie; Gorham Sara; Gosnell Laura Catherine; Goyer Richard Paul Jr Md; Gray Robin Mary; Graziano Pauline D; Green Elizabeth Anne; Greenblatt Daniel Edward; Greene Elliott Stephen Md; Greene Julie; Greenspan James Scott Md; Greer Alyssa Rpa; Gregg Michael; Gresseau Shirley Md; Gross Julia M; Groudine Scott Bradley Md; Gruenthal Michael Md; Gsell Jennifer Lee; Guidarelli Heather Mary; Gujral Maninder S Md; Guldenstern Erin; Gupta Vinita Md; Gupta Vinod Kumar Md; Gusten William M Md; Halsdorf Courtney Soon Hee; Hamilton Christophe; Hamilton Jennifer; Hanakova Marcela Md; Hansen Philip; Hanspal Era; Harnick Robert Md; Haroon Omer Ahmad; Harrica Rebecca Ann; Hart David Ernest Md; Hasnain Mujtaba A; Hassan Jones Lynn B; Hassett Stephen G Md; Hausman Julia H; Hayes Jennifer; Hayes Joseph Robert Md; Hazen Gordon Rpac; Heasley Paul Edward Md; Heather Coe Pa; Hedden Jeffrey Louis; Hegel Rebecca; Hellman Lance I Md; Hellwitz Frederic Jon Md; Hendrick William Md; Henry Clarence Bruce Md; Heran Meghan E; Herlihy Kevin J Md Pc; Herr Allen Michael Md; Herzog John Christopher; Hettrich Amy L Rpa; Hicks Steven D; Hida Sven; Hinds Marcel Eldon Md; Hindson David Fessler; Hinerman Rachel Sue Md; Hirt Deborah; Hodes Jamie L; Hoffert Eugene Joseph Md; Hoffman Jill Diane; Hoffman Loretta; Hogan William James Dds; Hollands Celeste Marie Md; Homan Suzanne Michelle; Hoosier-Paty Dawn Michelle; Hoover Eric Md; Hopkins Susan; Horgan Michael Joseph Md; Horn James F Md; Hosannah Hilton O II Md; Hubbell Jr Robert; Hughes Cindy Weiss Md; Hughes Peter M Md; Hughes Richard A Jr Md; Hughes Robert John Md; Hunter Lauren A Rpa; Huss Sara Abigail; Hutchins Elizabeth Ann; Hutton Jennifer Dpm; Hyde Natalie Ann; Idelchik Gary M; Ilowit Emily Katharine; Infantino Benjamin; Ingolia Michael; Irwin Robert W Md; Jacob Rana B Md; Jacobs Fred I Dpm; Jacobs Hugh Frederic Md; Jacobs Laura May; Jafri Mokarram H Jr Md; Jagoda Albert G Md; Jaitovich Adolfo; Jameson Gerardus L Md; Janasek Karolina; Janssen Daniel James; Jeannine Marie Rother; Jeffrey Raouf Ridha; Jennifer White; Jennings Timothy A; John Delmonte Jr; Johnson Abigail Ruth; Johnson Sheena Marie; Jones David M; Jones Richard Eaton Dpm; Jones Stephen Paul; Jorgensen Shawn P Md; Jorgensen Todd Robert Md; Joseph-Belfort Alison; Judge Erin M; Judson Marc A; Kachurek David P; Kafilludi Ronny; Kaiser Laura Marie; Kallin Kimberly E; Kamenir Steven A Md; Kandath David D Md; Kane Tabitha; Kaplan Eugene Daniel Md; Karo Ronald Solomon Md; Kaslovsky Robert A Md; Kathryn Hogan; Kaw Pamela Md; Kayastha Sanjiv Md; Kearney Andrew S Rpa; Keating Lawrence; Keefe Joan Marie; Kelling Timothy Scott Md; Kelty Robert Walter Md; Kennedy Jeffrey; Kennedy Patricia Rae Md; Kennedy Sean Michael Md; Kennedy Thomas M Md; Kenning Tyler James; Kent Kenneth; Kepner Heather Marie Np; Kercull Robert George Md; Kesner Rubin Do; Kestler Margaret; Kevin Jones; Khalak Rubia Md; Kiff Jane; Kiley Kevin; Kim Kelly-Ann; Kim Richard Lee; Kimball Randall Mark; Kimble David Michael Md; King Charles Christopher Md; Kirkpatrick Yulia Alexandrovna; Kishore Pankaj Md; Kittell Jennifer; Knoeller Amy Eileen Md; Koepfen Arnulf Md; Kogan Barry Allan Md; Kogan Yelena Aleksandrovna; Kondo Nicholas Ivan; Koren David Joel Md; Koumanis Dimitri; Kozak Craig Robert; Krampert Ryan; Krishnakumar Dundappa Hongalgi Md; Kuehler David H Md; Kufs William Michael Md; Kuhar Gordon N Md; Kumar Sudha Md; Kuo Ramsay; Kutzer William M; Kwon Anne; Laddis Theodoros Md; Lafif Zeshan; Lafortune Yarnell; Lagrave Brent Foster; Lahut Barbara K; Laity Sandra Ann Dpm; Lamar Stacey Anne; Lange Amber L; Lange Josef F; Langford Stacey; Laplante Steven P; Larosa Joseph M Md; Larow Catherine Mary; Larrabee Erin V; Larsen Karen; Larson Una B; Laruffa Gia M; Lasky Charles W Md; Lau Kevin Md; Laufer Andras Laszlo Md; Lavelle Daniel Thor; Lazarus Sol; Lechowicz Andrzej Jan Md; Lee Edward Choongho Md; Lee Hwa; Lee Jamison; Lee Joong Md; Lee Sharon; Lefkovits Andrew Md; Lefner Jennifer; Leifer Ann; Lenihan Michael William Md; Leung Anna; Levine Carolyn Robbins; Li Chunhua; Libruk Tara Kristine; Liebers Edward Martin Md; Limes Britton J Md; Lingat Marie Cheryl P Md; Lisinschi Adriana; Liss Allison; Listman James A Md; Litynski James; Liu Baogang; Lloyd Adam Taylor; Loeber Russell; Long Heather Md; Lopez Janeen Ellen; Loytra Oleksiy; Lu Ping Md; Lubna Valliani; Lucas Judith Anne Md; Lukowitsky Mark; Lundberg Lori A Dpm; Lundgren Brandon Michael; Lynch Patrick; Lynch Timothy Joseph Francis Dds; Lynch Timothy Michael Md; Lyons Trent William; Lyubarova Radmila; Maben Wayne Charles Md; Mabry Myra A; Macdowell Richard Taylor Md; Maclellan Allison M; Madigan Heather; Maisel Barry Oscar Md; Maitland Ceceleta Y Md; Malamood Howard Md; Malhotra Anuj; Mami Ahmed; Mandato Kenneth Md; Mane Archana Md; Manny Tara Amanda; Marchland Maurice E; Marici Edward M Do; Marsh Catherine Louise; Marsh Patricia L Rpa; Marshall Jonah Scott Md; Mary Annette Collins; Masters Cindy N; Mastrangelo John Armand; Mastrianni David M Md; Mathai Gimi; Matthew I Stein Md; Matthews Elizabeth Susan; Matties Regina K; Mavashev Mikhail; Maxwell Steven J Do; Mazur Jordan Thomas; Mccarthy Brigid; Mccartney Jeffrey Robert; Mcclesney James D Md; Mccullough Andrew Md; Mcgork James Rpa; Mchugh Brian Anthony Md; Mckee Mary Ann; Mckenna Dennis Patrick Md; McMahon Laura; McMahon Scott F; Mcwhorter Lauren; Meagher Colin Patrick; Medarov Boris I; Medina Christopher; Mehta Manish Md; Mehta Swati; Mamed Daniel E Md Pc; Melius Jonathan Robert; Memmelaar Angela R; Metwally Mark; Mian Badar Munir Md; Micca Emily S; Michailides-Townsend Sally M; Michalek Ann V Md; Militar Epifanio Iguidez Md; Millar Robert David Md; Miller Jennifer; Miller John; Miller Kristin M Rpa; Miller Stuart J Jr Md; Millett Jeanne Marie; Millett Morgan; Miron Carrie Beth; Mishra Pragnyadip; Mitchell Barry W Md; Mitchell Nancy Lynn; Mohammad Eitlajjar; Mohsin Intikhab; Molho Eric Steven Md; Moll Peter Raymond; Monaco-Brown Meredith; Mongan John Patrick; Mongioli Russell J; Monroe Richard; Monroy Prado Mauricio Ricardo; Monzur Mohammed Ali Md; Mookherjee Sulagna Md; Morawski John L Md; Morelli Amy M Rpa; Morere Donald R Jr Md; Morgan John; Morley John N Md; Moses Eric Daniel Md; Mosher Seana L Rpa; Mouzakes Jason Md; Mueller Benjamin; Mueller Kelly; Munshi Upender Md; Murnane Matthew J Md; Murphy Kathleen A Cnm; Murphy Sean M; Murray Brian P; Murray Sherrie L; Mursi Hanan; Musuku Sridhar; Nabozny Geraldine M; Nagaraj Sharita; Nappi Anthony Gerald Md; Narayan Ananth; Narayan Sarah; Nautiyal Amit Md; Nazeer Tipu; Nelligan John; Newey Laura Rebecca; Newman Lisa C; Newsome Donna; Nichol Carrie Burgess; Nichols Mary Kay; Nickels-Nelson Gina Marie; Nietsch Hubertus Heinrich; Nigam Ankesh Md; Nigam Sujatha A Md; Nijjar Gurkirpal S Md; Noonan Jessica; Nordhauser Micaela Urbano; Northrop Jennifer; Northrup Patricia Ann; Norton Mary Alice; O'Connor Emily Marie; O'Leary Anthony M Md; O'Meara-Zimmer Kimberly J Np; Oberg Gary David; Oconnor William Walter Md; Oechsner Helena Md; Ogbuji Princewill O Md; Oliveri Courtney; Olszowka Angelique; Olszowka Joseph V Dds; Oretsky Dawn L; Ortiz Gordon Michael Md; Ostrov Arthur H Md; Ostrowski Kathleen Lanka; Packard R Andrew Md; Paddock Bradley H Md; Pahwa Suneet Singh; Palmer Michelle N; Palmieri Philip J Md; Palms Jo-Ann; Pan Phillip Md; Pani Saroj Md; Papaleo Rafael Md; Paravella Dana W; Parenti										



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Anthony Ryan; Parikh Reena; Parikh Shirish Jayant Md; Parnes Steven M Md; Pasha Muhammad Asghar Md; Pastena Gaetano Thomas; Patel Ashit; Patel Reemaben Rajendrabhai; Patel Shailesh Rasiklal Md Pc; Patterson Norman W Md; Paty Philip S K; Paul Jeffrey Thomas Md; Paulsen Rana; Pauze Daniel K Md; Pauze Denis Robert; Payne Andrew; Peace Kristen; Pearlstein Gary E Md; Pelesz Jennifer; Penc Stanley F Md; Perl Lawrence Mark Md; Peter Elliott Fisk; Petrie Brandy; Petronis Karen; Phelps Carlton Md; Phelps Kenneth R Md; Philbin Edward F Md; Phillips Roland Turner Md; Phillips Victoria J; Phung Quentin Md; Pieterse Portia Lucille; Piliitsis Julie Georgia; Pilpel Sylvia E Md; Pinheiro Joaquim Manuel B Md; Pinheiro-Neto Carlos Diogenes; Pinto Dorcas Boahema; Plotkin Richard Eric Md; Pluto Luke A; Poli Kim Ann Md; Polynice Beatrice Ms.; Poon Edward; Porter Allison Kay; Posada Jose Gonzalez Md; Potenciano Angelo; Pozniakas James T Md; Pradhan Elizabeth; Prasad Manju Md; Pregont Scott Michael; Prichett Janice; Provost Justin Alan; Przybyla Adrian M; Puranik Arun Md; Purcell Peter F Md; Pyle Bert William Iii Md; Python John Patrick Md; Qian Jiang Md; Qualia Cary Michael Md; Qualtere-Burcher Paul D Md; Radu Gabriel; Raja Asim Nazir Md; Ramirez-Zamora Adolfo; Ramos Glenn Patrick; Rangwala Sakina Md; Rashid Numan; Rasouly Mai Mona; Rasouly Yama; Rathert Nicholas; Rau Stefan Thomas; Reed Thomas; Reed-Esper Sarah Nicole; Reid Derrece Kaliessa; Reilly Michael J Md; Renaud Elizabeth; Reutzell Laura; Reynolds Frederick D; Rezak Kristen; Rhymaun Rachel E; Ribons Lisa Ann Do; Rice Bradley Michael; Richter Seth Joseph Md; Riddick Linda M Md; Rieker Judy J; Rifemberick Mary Ann Carol; Rijhsinghani Asha; Rios Angel Md; Rischert Bruce; Ritaccio Anthony Louis Md; Rittenhouse Kathy; Rivard Donald J Md; Roberts Craig Edward Md; Roberts Jordan Ms.; Roberts Kevin Wilson Md; Roberts Maureen E Md; Robinson Lawrence W Jr Md; Robinson M Brigit Np; Rodenmayer Wade Harold Rpa; Rodrigue Raymond A Rpa; Romer Richard Alan Md; Romero Jenny Md; Rooney Danielle Marie; Rosario Frances; Rosas Kevin E Md; Rosati Carl; Rosen Jonathan M Md; Ross Jeffrey S Md; Roth Malcolm Z Md; Rothman Deborah; Rowden Adam Kendall Do; Rubin Abigail Ann; Russo Thomas; Sacco Joseph D Md; Safa Radwan Dr.; Salenger Page Valery Md; Salgado Marlon; Sama Jalin Md; Samelson Renee Md; Samson Susan Marie; Samuels Sharon B Md; Samy Sanjay Anantha Md; Sanchez Javier Luis Md; Sandbach Katherine Ashley; Sanders Alan M Md; Sandison Michael Rl Md; Sandler Steven Md; Sani Farzad Dds; Santell Eric R; Santella Donald Richard Md; Santos Roberto; Saqib Najmus Md; Sarah G Fox Dds; Saratoga Ear & Sinus Surgery; Sarchino William J Dpm; Sarmiento Augusto Salvosa; Saunders Richard A Md; Savage Colleen Dunn Md; Scardillo Judith; Schaefer Bianca; Schafer William R; Schick Karen Wynne Md; Schlossberg Howard Robert Md; Schneider Jennifer L Rpa; Schnell Jessica Mae; Schoch Kim Elizabeth Dale; Schoen Fredric S Md; Schoenfeld Barton Md; Schongar Marie Antoinette; Schulman-Marcus Joshua; Schuster Michael Edward; Sciacca Cheri; Scialabba Fred P Md; Scordino Jessica; Scott Rachel; Scott Walter; Seguinot Elizabeth Ms.; Semenoff David L Md; Senick Joyce M; Shafer Carolyn H; Shahata Hani L Md; Shapiro Lee S Md; Shapshay Stanley M Md; Sharlow Joan G Rpa; Shaver Jeannelle M; Sheehan Kelly L; Sheeley Donald; Shepard Leigh A; Shepard Timothy Folsom; Shin Catherine Hekyung; Shinaishin Mamhoud Akif; Shkolnik Boris; Shou Jason Dr.; Shur Natasha; Sidhu Mandeep Singh; Siebeneck Aaron J Dpm; Siebeneck Hillary; Silk Paul R Md; Silver George E Md; Silver Steven M Md; Silverman Eric Ross; Simmons Richard J; Simon Elisabeth; Simor Ginger Md; Singh Jitendra; Singh Tejinder P Md; Siskin Gary P Md; Slatch Carolyn Jean Md; Smith Brendon; Smith Derek W; Smith Janeen A; Smith Jennifer; Smith Rachel E; Smith Thomas Clinton Md; Smith-Foy Barbara; Snyder Howard Md; Snyder Martha; Socaris Sophia Md; Sokaris Stephen John Md; Solga Matthias; Sonn James Jin Md; Sood Vinay Md; Sorel Bertrand; Southworth Krista Rpa; Sparano Antonio Md; Sparbeck Nicole; Spear Alison Heather Md; Spektor Boris Md; Spencer Taylor; Spooner Elizabeth M Dunn; Stacey Sarah R; Stain Steven Md; Stam Katherine L Do; Stefanova-Stephens Nadejda; Stein Julie Ann; Steindler Jason Harrison; Steiner Anna; Stepan Jovanna; Stephens Christopher S Rpa; Stephenson Lisa; Stern Jeffrey H Md; Sternbach Yaron Md; Stoecklin William; Storey James R Md; Strauss David Noah Md; Stutz Helen Rita Md; Su Xiao; Subik Maria; Subudhi Manoj Kumar Md; Sugent-Gray Linda J; Sundaram Vishalakshi; Shawna Debonis; Taccad-Reyes Sandra Carlos Md; Tadros Michael; Tafen Wandji Marcel; Taggart John B Md; Tai Muhammad Siddique Md; Talbot Jean F; Tan Henry T Md; Tan Josenia Narcisa Mailed; Tassinari Robin Baker Md; Tauber David; Tauber Kate; Taylor Ben Frazier; Taylor Matthew Arnfin; Telisky Ashley; Theresa Carpenter; Thevenin Claudwardy; Thibodeau Lorraine G Md; Thirkannand Indira; Thomas James Md; Thompson Sandra Marie Np; Thompson-Badamosi Tanya L; Tichich Jennifer Brown; Tierney Rachel M; Tirabassi Michael V; Tobolsky Shimon Rpa; Torosoff Mikhail T Md; Tortorici Danielle Maria; Trickey David L Md; Tristram Debra A Md; Tschinkel Marybeth; Tse Sara Elizabeth; Turinsky Andrew; Turner Latasha M; Tyler Christopher D; Ungerland Michael J Rpa; Ursillo Christopher Ryan; Utter Denise Maria; Vaisman Vadim; Valentine Elizabeth A Md; Valerian Brian Thomas Md; Valliere Julie; Van Dyck Timothy K; Vandepol-Rimash Maria; Varghese Noel Md; Varlamov Anna; Varone Ricky A Rpa; Veet Deanna Marie; Vena Stephen Albert; Venditti Ferdinand Joseph Jr; Venugopal Sushma; Verdini John Patrick Md; Verra Mark A Md; Vinciguerra Timothy J Pc Md; Vinh Phuong Md; Visagie Anina Isabella; Vivenzio Maria; Voccia Ryan James; Wagg Amber Nichole; Wagle William Md; Walke Ashley Danielle; Wallis Warren M; Walsh Raymond Francis Md; Wang Qiong Md; Ward Kathleen A; Warner Courtney Jill; Wasacz Christopher John; Washburn Kate; Waters Timothy Robert; Waxman Michael Jay; Weaver Jacqueline Md; Weidner Mark H Md; Weil Dymrna Lynch; Weinberg Gerard Md; Weinreb David; Weiss Richard G Md; Weiss Robin; Weitzel Megan Adele; Welliver Robert Charles Jr; Wells Catherine; Werner Nancy; Wharton Seth W Md; Wheeler Julie Ann Np; White Mark Donald Md; White Noah; Whiteside Beth; Whiteside Michael; Whitney Valerie C Rpa; Whyte Mary C Md; Wickman Douglas; Wiczulis Alicia; Wiest Daniel R Rpa; Wilkins Lance Julius Md; William H Montgomery Jr; Williams David C; Williams Eric Taylor; Williams-Weekes Terri A; Winseman Jeffrey Scott Md; Wohlfahrt Kristine Marie; Wolf Lisa J Rpa; Wolner Ron K; Wood Bret James Do; Wood Colleen T Np; Woodard Jennifer; Wurl Derrick R Md; Yager Jennifer M; Yamada Brian S; Yamada Jennifer Susan Md; Yamamoto Junichi Md; Yarinsky Steven Md; Yarze Joseph C Md; Yellen Jacob; Ying Rodney Lloyd Md; Yocono Mark A Md; Young Pamela Y Rpa; Youngelman Debbie F Md; Zahir Mehjabin; Zamer Joshua D Md; Zeronda Stephanie Rpa; Zhang Li; Zhu Xinjun; Zieker Christopher Robert Md; Zimmerman Earl A Md; Zobal-Ratner Jitka Ludmila; Zysik Meghan										
Task M1:1. Identify key stakeholders and participating provider organizations critical for successful project implementation.		Project		Completed	09/07/2015	09/30/2016	09/07/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. Create a PPS-wide project sub-committee with representation from key stakeholders to oversee the project implementation.		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:3. Collaborate and form agreements with overlapping PPSs (i.e. Alliance for Better Health Care will be implementing 3.d.ii), Asthma Coalition of the Capital Region, and other stakeholders to align initiatives to support the guideline-concordant care.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:4. Survey key stakeholders to assess current use and		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
adherence to guideline-concordant care Expert Panel Review-3 (EPR-3) guidelines, range of services provided, and referral mechanisms.										
Task M1:5. Develop, working in collaboration with the project sub-committee and clinical experts across the PPS, a draft document defining the future state for the management of asthma utilizing evidence-based strategies.		Project		Completed	04/01/2016	05/18/2016	04/01/2016	05/18/2016	06/30/2016	DY2 Q1
Task M1:6. Submit the draft future state document to Clinical and Quality Affairs committee for review and approval.		Project		Completed	04/01/2016	05/18/2016	04/01/2016	05/18/2016	06/30/2016	DY2 Q1
Task M1:7. Execute written contracts with participating providers implementation of asthma guidelines.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:8. Identify a participating provider organization located in a geographic area with high burden of asthma across the PPS sub-regions and finalize agreements for piloting the new model.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:9. Complete a gap-analysis utilizing the current state assessment and defined future state and, working in collaboration with the practice team, develop an action plan for the implementation of the new model.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:10. Implement the approved action plan at the pilot participating provider site utilizing the PDSA approach.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:11. Monitor ongoing performance, analyze clinical and operational outcomes, and identify timelines/practice sites for spread of successful tests of change.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M2:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
for connectivity to SHIN-NY and HIXNY.										
Task M2:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task M2:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.		Project		Completed	02/12/2016	06/30/2016	02/12/2016	06/30/2016	06/30/2016	DY2 Q1
Task M2:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #2 Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.	DY2 Q2	Project	N/A	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Agreements with asthma specialists and asthma educators are established.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	<u>Safety Net Practitioner - Primary Care Provider (PCP)</u>	Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:										
Assevero Anna-Maria D Md; Bala Virinchi; Baldini Gleda P Md; Brown Sheryl; Clark Catherine Nielsen; Ditursi Mary Kathleen Williams; Harde Hasumukh C Md; Hechanova Arnel B Md; James Philip C Md; Kelleher Ruth Ellen; Mack Brigid; Manjunath Kallanna Md; O'Brien Joanne Elizabeth; Owen Claudina; Paeglow Robert John Md; Ray David Allan Md; Sacco Joseph P Md; Sgarlata Donna L; Sheehan Rebecca; Signor Connie J; Stein Rhonda Danielle Md; Stetzer Lee; Tomiak Henry P Jr Md; Vasquez Deborah A Md; Young Linda; Zeltner Theodore Harold Md										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	<u>Safety Net Practitioner - Non-Primary Care Provider (PCP)</u>	Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Bailey Laura M; Dodd Jack Edward Jr; Drzymalski Jolanta; Friedman Cynthia Susan; Gsell Jennifer Lee; Hausman Julia H; Hinds Marcel Eldon Md; Kamenir Steven A Md; Marici Edward M Do; Nordhauser Micaela Urbano; Steindler Jason Harrison; Weinberg Gerard Md										
Task Telemedicine service implemented, based on evaluation of impact to underserved areas including, but not limited to: - analysis of the availability of broadband access in the geographic area being served - gaps in services - geographic areas where PPS lacks resources and telemedicine will be used to increase the reach of these patients - why telemedicine is the best alternative to provide these services - challenges expected and plan to pro-actively resolve - plan for long term sustainability		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Create a list of participating asthma and allergy specialists in the PPS network who serve the targeted patient populations.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Utilizing recognized best care practices, the CQAC will establish a methodology to define a patient/physician ratio across the PPS.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:3. Establish appropriate contractual agreements with regional asthma specialists, including the Asthma Coalition of the Capital Region, to support a comprehensive, coordinated and patient-centered asthma care plan in the community, including training and development of practice based asthma educators.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad-hoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M2:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M2:3. Work with participating providers, not currently using		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
EHRs, to incentivize EHR adoption for patient care management.										
Task M2:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task M2:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.		Project		Completed	02/12/2016	09/30/2016	02/12/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task M3:1. Establish a telemedicine sub-committee to evaluate the impact of telemedicine on underserved areas as outlined in Milestone 2 Metric 3.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M3:2: Based on the results of the evaluation, the two sub-committees will develop a draft telemedicine implementation plan that will include a vendor selection process if necessary. The draft document will be reviewed and approved by CQAC and the TDMC.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:3. EHR subcommittee and TDMC will identify a pilot organization based on gaps in service and resources and develop a detailed organization-specific action plan for piloting the program.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:4. Based on the experience from the initial pilot, the model will be updated, with resolution of identified challenges from the pilot, and spread to other regions with similar gaps in services and resources needed for effective evidence-based management of asthma.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Deliver educational activities addressing asthma management to	DY2 Q2	Project	N/A	Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

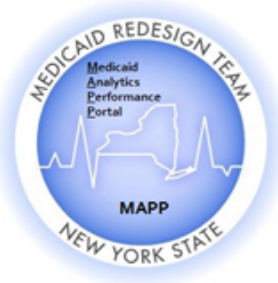
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
participating primary care providers.										
Task Participating providers receive training in evidence-based asthma management.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Project sub-committee will survey participating practitioners and relevant CBOs on current utilization of EPR-3 guidelines for managing patients with asthma.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. Project sub-committee, working in collaboration with asthma specialists, will develop/adopt evidence-based asthma protocols, care pathways and training tools to train participating practitioners and staff working at CBOs responsible for providing care for asthma patients.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:3. Project sub-committee, working in collaboration with WCC and participating partners, will identify appropriate training methods, including "train the trainer model", to train staff on EPR-3 guidelines and PPS adopted asthma care protocols.		Project		Completed	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. Project sub-committee will collaborate with Albany Medical College and other educational institutions to conduct annual CME programs to update practitioners and staff on new developments in asthma care and management.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:5. Conduct periodic educational sessions for participating partner locations, CBOs and school nurses, on asthma education and adopted guidelines/models.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:6. Collaborate with overlapping PPSs, as appropriate, to offer training on becoming a Certified Asthma Educator.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #4 Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.	DY2 Q2	Project	N/A	Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS has established agreements with MCOs that address the coverage of patients with asthma health issues. PPS has established agreements with participating health home care managers, PCPs, and specialty providers.		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. AMCH PMO will work in collaboration with AMCH		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Integrated Delivery Systems Department to evaluate current contractual arrangements with payers for possible amendments.										
Task M1:2. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to develop a framework that can be applied across the regional provider network.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:3. AMCH PMO will work with Medicaid MCOs to implement a roadmap following appropriate Federal and State laws, regulations and guidelines.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. AMCH PMO will work with its provider network to provide technical support and assistance to amend existing fee-for-service contracts.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:5. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to negotiate required contracts with MCOs.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:6. AMCH PMO, in collaboration with AMCH Integrated Delivery Systems Department, will discuss utilization trends, performance issues, and payment reform during monthly meetings with managed care organizations.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:7. AMCH PMO will engage Medicaid MCOs in broader areas of concern to the PPS including financial sustainability, risk sharing, and compliance with competitive behaviors.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:8. AMCH PPS will execute negotiated contracts with MCOs to implement required elements of the CMS approved VBP roadmap.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #5 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q2	Project	N/A	Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Articulate the scope, objectives and requirements of a patient tracking system to support effective population health management across PPS entities.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. Implement training sessions to educate participating partners on how to utilize the additional technical platforms.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Utilize population health IT vendor to support the needs of the PPS and individual organizations/practices to track their population groups for population health management needs.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Generate required reports on the performance of individual and population health interventions implemented by the practice teams.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.	mcintyc	Other	1_DY2Q2_PROJ3diii_MDL3diii3_PRES1_OTH_3diii_MS1_Narrative_Remediation_7796.pdf	3diii MS1 Narrative Remediation	12/15/2016 08:31 AM
	mcintyc	EHR/HIE Reports and Documentation	1_DY2Q2_PROJ3diii_MDL3diii3_PRES1_EHR_3.d.iii_Hixny_and_EHR_Certification_7795.pdf	3.d.iii Hixny and EHR Certification	12/15/2016 08:30 AM
	mcintyc	Meeting Materials	1_DY2Q2_PROJ3diii_MDL3diii3_PRES1_MM_ACCR_Meeting_Agenda_and_Minutes_7794.pdf	ACCR Meeting Agenda and Minutes	12/15/2016 08:30 AM
	mcintyc	Contracts and Agreements	1_DY2Q2_PROJ3diii_MDL3diii3_PRES1_CONTR_AMCH_PPS_3diii_M1_validation_documentation_7793.pdf	AMCH PPS 3diii M1 validation documentation	12/15/2016 08:29 AM
	mcintyc	Contracts and Agreements	1_DY2Q2_PROJ3diii_MDL3diii3_PRES1_CONTR_Asthma_co-management_agreement_signed_AMC_7792.pdf	Asthma co-management agreements	12/15/2016 08:28 AM
	mcintyc	Contracts and Agreements	1_DY2Q2_PROJ3diii_MDL3diii3_PRES1_CONTR_3.d.iii_AMCH_Phase_I_Metrics_FINAL_Tracking_Sheet_6928.pdf	AMCH PPS 3diii Phase 1 metrics	10/27/2016 08:37 AM
	mcintyc	Rosters	1_DY2Q2_PROJ3diii_MDL3diii3_PRES1_ROST_ACCR_members_Screenshot_Roster_6571.pdf	AMCH PPS ACCR Roster	10/25/2016 01:10 PM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	mcintyc	Other	1_DY2Q2_PROJ3diii_MDL3diii3_PRES1_OTH_3diii_M S1_M1_Data_Source_ACCR_Affiliation_6569.xlsx	AMCH PPS ACCR Affiliation	10/25/2016 01:08 PM
	mcintyc	EHR/HIE Reports and Documentation	1_DY2Q2_PROJ3diii_MDL3diii3_PRES1_EHR_Binder_of_Certification_Letters_6568.pdf	AMCH PPS CI Certification Letters	10/25/2016 01:06 PM
Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.	mcintyc	Other	1_DY2Q2_PROJ3diii_MDL3diii3_PRES2_OTH_3diii_M S2_Narrative_Remediation_7799.pdf	3diii MS2 Narrative Remediation	12/15/2016 08:34 AM
	mcintyc	Contracts and Agreements	1_DY2Q2_PROJ3diii_MDL3diii3_PRES2_CONTR_3diii_MS2_partner_contracts_7798.pdf	3diii MS2 partner contracts	12/15/2016 08:33 AM
	mcintyc	EHR/HIE Reports and Documentation	1_DY2Q2_PROJ3diii_MDL3diii3_PRES2_EHR_CCP_H IXNY_DIRECT_3diii_7797.pdf	CCP HIXNY_DIRECT 3diii	12/15/2016 08:33 AM
	mcintyc	Other	1_DY2Q2_PROJ3diii_MDL3diii3_PRES2_OTH_3diii_M S_2_Metric_3_TM_Plan_6579.pdf	AMCH PPS Telemedicine Plan	10/25/2016 01:23 PM
	mcintyc	EHR/HIE Reports and Documentation	1_DY2Q2_PROJ3diii_MDL3diii3_PRES2_EHR_AMCH_PPS_Signed_Hixny_Agreements_by_Project_9_30_16_6577.pdf	AMCH PPS Signed Hixny Agreements	10/25/2016 01:21 PM
	mcintyc	Templates	1_DY2Q2_PROJ3diii_MDL3diii3_PRES2_TEMPL_3diii_MS_2_Metric_1_Co-management_template_20160909_6576.pdf	AMCH PPS Co-management template	10/25/2016 01:20 PM
	mcintyc	Training Documentation	1_DY2Q2_PROJ3diii_MDL3diii3_PRES2_TRAIN_Data_for_3diii_MS_2_Metric_1_DY2Q2_Training_Assessment_Raw_Data_Asthma_Specialists_6575.xlsx	AMCH PPS Training Assessment	10/25/2016 01:19 PM
	mcintyc	Rosters	1_DY2Q2_PROJ3diii_MDL3diii3_PRES2_ROST_AMC H_PPS_Asthma_Specialists_and_Educators_6572.pdf	AMCH PPS Asthma Specialists and Educators	10/25/2016 01:16 PM
Deliver educational activities addressing asthma management to participating primary care providers.	mcintyc	Other	1_DY2Q2_PROJ3diii_MDL3diii3_PRES3_OTH_3diii_M S3_Narrative_Remediation_7807.pdf	3diii MS3 Narrative Remediation	12/15/2016 08:39 AM
	mcintyc	Other	1_DY2Q2_PROJ3diii_MDL3diii3_PRES3_OTH_Asthma_An_Overview_7806.pdf	Asthma An Overview	12/15/2016 08:38 AM
	mcintyc	Screenshots	1_DY2Q2_PROJ3diii_MDL3diii3_PRES3_SS_Asthma_in_the_Primary_Care_Practice_Screenshots_7805.pdf	Asthma in the Primary Care Practice Screenshots	12/15/2016 08:37 AM
	mcintyc	Training Documentation	1_DY2Q2_PROJ3diii_MDL3diii3_PRES3_TRAIN_kettering_registrants_final_7804.xlsx	kettering registrants final	12/15/2016 08:37 AM
	mcintyc	Training Documentation	1_DY2Q2_PROJ3diii_MDL3diii3_PRES3_TRAIN_SM_Training_Inventory_7803.pdf	SM Training Inventory	12/15/2016 08:36 AM
	mcintyc	Training Documentation	1_DY2Q2_PROJ3diii_MDL3diii3_PRES3_TRAIN_SPH_P_Asthma_Educator_Course_201604_7802.pdf	SPHP Asthma Educator Course 201604	12/15/2016 08:36 AM
	mcintyc	Training Documentation	1_DY2Q2_PROJ3diii_MDL3diii3_PRES3_TRAIN_SPH_P_Asthma_Educator_Course_201609_7801.pdf	SPHP Asthma Educator Course 201609	12/15/2016 08:36 AM
	mcintyc	Training Documentation	1_DY2Q2_PROJ3diii_MDL3diii3_PRES3_TRAIN_Training_Template_3diii_MS3_Remediation_7800.xlsx	Training Template 3diii MS3 Remediation	12/15/2016 08:35 AM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	mcintyc	Training Documentation	1_DY2Q2_PROJ3diii_MDL3diii3_PRES3_TRAIN_AMC_IDSR9_Combined_6608.pdf	AMCH PPS Partner Training Asthma Management	10/25/2016 02:09 PM
	mcintyc	Training Documentation	1_DY2Q2_PROJ3diii_MDL3diii3_PRES3_TRAIN_Partner_Training_Template- Asthma_Management-3diii_6604.xlsx	AMCH PPS Partner Training Template- Asthma Management	10/25/2016 02:08 PM
Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.	mcintyc	Other	1_DY2Q2_PROJ3diii_MDL3diii3_PRES4_OTH_3diii_Milestone_4_Remediation_Documentation_-_3_-_Ready_to_Submit_7740.pdf	3diii Milestone 4 Remediation Documentation - 3 of 3	12/13/2016 11:15 AM
	mcintyc	Other	1_DY2Q2_PROJ3diii_MDL3diii3_PRES4_OTH_3diii_Milestone_4_Remediation_Documentation_-_2_-_Ready_to_Submit_7739.pdf	3diii Milestone 4 Remediation Documentation - 2 of 3	12/13/2016 11:14 AM
	mcintyc	Other	1_DY2Q2_PROJ3diii_MDL3diii3_PRES4_OTH_3diii_Milestone_4_Remediation_Documentation_-_Ready_to_Submit_7738.pdf	3diii Milestone 4 Remediation Documentation 1 of 3	12/13/2016 11:14 AM
	mcintyc	Documentation/Certification	1_DY2Q2_PROJ3diii_MDL3diii3_PRES4_DOC_3.d.iii_Milestone_4_6370.pdf	AMCH PPS 3diii Milestone 4	10/21/2016 02:09 PM
Use EHRs or other technical platforms to track all patients engaged in this project.	mcintyc	Other	1_DY2Q2_PROJ3diii_MDL3diii3_PRES5_OTH_3diii_Milestone_5_Metric_1_Narrative_SM_7811.pdf	3diii Milestone 5 Metric 1 Narrative	12/15/2016 08:42 AM
	mcintyc	Report(s)	1_DY2Q2_PROJ3diii_MDL3diii3_PRES5_RPT_AMCH_Asthma_Roadmap_Registry_7810.xlsx	AMCH Asthma Roadmap Registry	12/15/2016 08:41 AM
	mcintyc	EHR/HIE Reports and Documentation	1_DY2Q2_PROJ3diii_MDL3diii3_PRES5_EHR_Data_analytics_Asthma_Controller_Rx_Report_7809.pdf	Data analytics Asthma Controller Rx Report	12/15/2016 08:41 AM
	mcintyc	EHR/HIE Reports and Documentation	1_DY2Q2_PROJ3diii_MDL3diii3_PRES5_EHR_Partner_example_of_EMR_Configuration_for_Asthma_action_plans_and_tracking_patients_7808.pdf	Partner example of EMR Configuration for Asthma action plans and tracking patients	12/15/2016 08:40 AM
	mcintyc	Templates	1_DY2Q2_PROJ3diii_MDL3diii3_PRES5_TEMPL_3diii_patient_engagement_template_6583.xlsx	AMCH PPS 3diii patient engagement template	10/25/2016 01:34 PM
	mcintyc	Report(s)	1_DY2Q2_PROJ3diii_MDL3diii3_PRES5_RPT_3.d.iii_Registries_6389.xlsx	AMCH PPS 3diii Registries	10/21/2016 02:44 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.	In DY1Q4, AMCH PPS formed the Asthma & Telemedicine Project Subcommittee under the auspices of the Clinical & Quality Affairs Committee (CQAC.) Membership was formed based on project interest, and available asthma data based on attribution and asthma diagnosis/ burden. The Subcommittee has participation from a diverse, interdisciplinary group of stakeholders. This includes participating PCPs, specialists (pulmonology, AE-C) the Asthma Coalition of the Capital Region (ACCR), VNA Home Health, and the Alliance for Better Health Care PPS, among others. In DY2Q1, the Subcommittee reviewed EPR-3 Guidelines for the Diagnosis and Management of Asthma during the May 13 meeting. The Subcommittee Co-Chair provided a detailed overview of the guidelines, and the Subcommittee moved to approve adoption of the EPR-3. CQAC formally approved use of the EPR-3 as standards to which the PPS will hold itself accountable for planning and implementation of the asthma project. The



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	<p>asthma action plan (AAP) form that was developed by ACCR, with significant input from their partners/ physician champions has been shared at subcommittee meetings. The decision was made such that if partners have an AAP they are currently using, to continue with their process. Should partners need more support and/ or are interested in implementing the form developed by ACCR, this can be facilitated by the project team. The Subcommittee has reviewed ways in which the PPS partners/ project participants have incorporated certain elements of evidence-based asthma management into their workflows.</p> <p>The EHR Subcommittee was formed under the auspices of the Technology & Data Management Committee and began meeting in DY2Q2, with asthma being the first project to be addressed. The Subcommittee will further define registry and template elements/ criteria, based on elements of EPR-3 that will be necessary to demonstrate adoption of national guidelines at the practice level and across the PPS. There are examples of partners using registries in order to be proactive with outreach to their patient population; Columbia Memorial Health identifies asthma patients in need of a flu vaccine and Albany Medical Center identifies patients for pre-visit planning purposes.</p> <p>All participating hospitals and practices are utilizing fully enabled Meaningful Use Stage 2 certified electronic health records and are bi-directionally connected to the RHIO/SHIN-NY via Hixny. All safety net PCP providers and practices are currently working with Hixny to refine the alerting and event notification process. Practices will subscribe to real-time ADT alerts when their patients are hospitalized or have an Emergency Room encounter. Practices will work with Hixny to define the type of alert, content, recipient and delivery mechanism to align with DSRIP project requirements. By improving communication between providers we will improve care coordination with the goal of decreasing avoidable hospitalizations and ED utilization. Whitney Young Health, a FQHC in Albany receives alerts from Hixny.</p>
<p>Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.</p>	<p>AMCH PPS has executed participation agreements with organizations that employ licensed asthma and allergy specialists, as well as individuals who hold a clinical licensure and provide asthma education-related services to patients but aren't an asthma or allergy specialist. As part of the September 2016 Workforce Training Assessment survey, the PMO collected information at the organizational level capturing current employment of asthma and allergy specialists among participating organizations.</p> <p>AMCH PPS Asthma & Telemedicine Project Subcommittee also developed a co-management agreement template that was distributed to the hospitals and requested to pilot between internal PCPs and specialists. This outlines responsibilities of the PCP and specialist, and ideally provides a framework for better communication and safe transition of care, and optimal health care for patients. Training materials that were distributed to contracted partners also included an overview that provided insight to when a referral to an asthma specialist would be appropriate for a patient. Additionally, AMCH PPS has participation agreements with VNA Home Health, and recognizes the role of home-based services in evidence-based asthma management.</p> <p>One of the ways in which asthma specialists and educators at Albany Medical Center have demonstrated collaboration around asthma is through an asthma pathway that was developed in collaboration with hospitalists, pulmonology, and PCPs, among other workgroup members. There are currently efforts to promote the pathway at the other 2 hospitals within the PPS, and the Alliance for Better Health Care PPS has asked for further information on this pathway for their hospitals as well. The ED at Albany Medical Center also includes linkages to VNA Home Health for referral upon discharge.</p> <p>All participating hospitals and practices are utilizing fully enabled Meaningful Use Stage 2 certified electronic health records and are bi-directionally connected to the RHIO/SHIN-NY via Hixny. All safety net PCP providers and practices are currently working with Hixny to refine the alerting and event notification process.</p> <p>Columbia Memorial Health (CMH), which is a major provider of health care for Columbia and Greene Counties, had previously utilized a model of telemedicine for neurology. CMH has expanded out from the neurology department, and reached out to a vendor to outline a plan for further implementation of telemedicine sites and services. Their site at Windham is identified as one location where asthma patients may come in and be able to have a virtual appointment with a specialist. At this stage AMCH PPS overlaps in 3 of the 5 counties with 2 other PPSs, and is the sole PPS in Columbia and Greene Counties. These PPSs also have telemedicine components/ requirements. There has been preliminary discussion with a pulmonologist at Albany Medical Center Hospital, who has experience with telemedicine and is supportive of the development of such an initiative. Further discussion will be planned with these specialists and team members at Albany Medical Center and CMH but the AMCH PPS</p>



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
<p>Deliver educational activities addressing asthma management to participating primary care providers.</p>	<p>does not feel that telemedicine for asthma is immediately necessary for all 5 counties served hence the focus on Columbia and Greene County.</p> <p>The AMCH PPS has promoted numerous opportunities for providers and partners to engage in educational activities. The AMCH PPS Asthma & Telemedicine Project Subcommittee, in collaboration with PMO Workforce leads, made the "Asthma in the Primary Care Practice program", accessible on DVD through IPRO and NYSDOH, available for more widespread access and use. The Subcommittee explored additional options such as "Physician Asthma Care Education (PACE)" and a program through Children's Hospital of Philadelphia. Ultimately, for practicality within the busy practice settings, the 1 hour and 7 minute video was the approved training. The training was shared, virtually, with contracted organizations to provide to their PCPs, and other licensed clinical staff that deliver asthma self-management education to patients. All trainings completed by contracted organizations require a sign-in sheet and attestation for completion.</p> <p>As per the IPRO website (http://ipro.org/for-providers/asthma/asthma-in-the-primary-care-practice), the DVD is described as a companion to the NYS Consensus Asthma Guideline decision support tool and pocket guide, and is intended to assist clinicians in applying key concepts of the recommendations of the National Asthma Education Program (NAEPP), Expert Panel Report-3 (EPR-3) into practice.</p> <ul style="list-style-type: none"> • The problem-based learning format of this activity will help: • Apply key changes of the NAEPP, EPR-3; • Incorporate communication strategies to promote self-management; • Integrate trigger reduction recommendations into clinical practice; • Adopt specific high leverage changes for greatest need and opportunity. <p>There are free DVDs available through the NYSDOH Asthma Publication Request Form, but the current experience is that there is a lag in receiving the resources and therefore distribution was not feasible for the first round of training. Instead, because the DVD can be reproduced only for non-commercial educational purposes, the PMO/WCC leads with IT support, developed a YouTube link from the DVD to share with partners.</p> <p>Additional educational activities include: A 2-day Asthma Educator Exam Preparation Course that was offered through the Alliance for Better Health Care PPS, and facilitated by Kettering National Seminars. The Alliance PPS made 6 seats available for AMCH PPS partners. St. Peter's Hospital also has an Asthma Educator Program that has been available biannually for several years and which AMCH PPS provided registration information for partners. There have also been learning opportunities in meetings, as presentations have included review and application of guideline concordant care and workflow, and an overview of the asthma pathway that has been implemented in both the ED and inpatient sides of Albany Medical Center. A staff training was requested by an organization now participating in the PPS, and was delivered by the Subcommittee co-chair. All trainings have attendee lists, attestation if conducted within a participating organization, and training materials available for reference.</p>
<p>Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.</p>	<p>In September 2016, the AMCH PPS PMO disseminated a comprehensive value-based purchasing (VBP) assessment to all contracted partners in the network. This initiative was done collaboratively with COPE Health Solutions, which is the entity that was engaged to assist the PPS with the development of contracts and funds flow, in order to maintain confidentiality of our partner's proprietary payer contract information. Although a VBP assessment was conducted in 2015 as part of the overall comprehensive baseline assessment, the assessment distributed in September 2016 was created so that the PPS could obtain a more thorough valuation of VBP in the network. The AMCH PPS VBP workgroup, which is comprised of 12 partner organizations from varying capacities and four MCOs, reviewed and approved the assessment prior to distribution.</p> <p>Information such as payer mix by service type, details of VBP agreements currently in place, level of VBP, ACO involvement, perceived barriers to success, accelerators in use, support needed, timeline to implement VBP, preferred compensation modalities, and others were obtained through the assessment. An aggregated report of this information will be provided to the PPS so that a plan to transition the network to VBP can be developed.</p> <p>The VBP assessment provided information about the PPS partner's current contracting arrangements. CapitalCare Medical Group, Community Care Physicians and Trinity Alliance of the Capital Region all have agreements in place with MCOs that address coverage of patients with asthma health issues.</p> <p>Per the Federal Trade Commission, the PPS is not permitted to contract on behalf of its partners in its current structure. In addition, the VBP milestones under the Finance</p>



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	<p>workstream have been postponed. Therefore, a VBP roadmap has not yet been developed. As such, all of the tasks outlined for this milestone, with the exception of task 6 and 7, are not applicable. As described above, the VBP workgroup currently meets monthly to discuss education needs and to provide general guidance. Once additional guidance is provided, these discussions will evolve and a VBP roadmap will be developed. Ongoing assessments will be conducted to monitor the progress of the transition to VBP. The PPS will continue to work with the Finance Committee, VBP Workgroup, and the PPS Board to further define the transition plan.</p>
<p>Use EHRs or other technical platforms to track all patients engaged in this project.</p>	<p>The AMCH PPS conducted a baseline comprehensive survey in September 2015 in order to understand the current status of data collection within partner E.H.R. systems as well as any patient registries that organizations create on their own or report into from a population health perspective. Beginning in October of 2015, the AMCH PPS began collecting patient engagement data from partnering organizations that have a POA and BAA in place. For each of the projects that the AMCH PPS is participating in, patients that received the defined services, such as a PHQ-2 or 9 in a primary care setting, were reported by secure means in a template registry form. Secure data transfer is conducted via the Movelt secure platform from organizations with a POA and BAA in place, to one point of contact within the AMCH PMO office. This data is retrieved and aggregated on a secure system following the AMCH PPS Data Security Plan. This data included patient first name, last name, Medicaid/CIN, date of service, and NPI or organization reporting. Data is aggregated and de-duplicated on a quarterly basis and reported to DOH for quarterly reporting. Data registry enhancements became a contract deliverable in July of 2016 and each project required additional data elements on a monthly basis. Each patient registry contains Medicaid patient's first name, last name, CIN, Date of Service, NPI, and additional defining elements depending on the project.</p> <p>Project 3diii patient registry includes all Medicaid patients seen in the last month with a qualifying asthma diagnosis and the associated ICD-10 codes. The patient registries, along with patient engagement data, will be stored securely within the AMCH PMO following the AMCH PPS Data Security and Confidentiality Plan protocol and utilized at an aggregate level as a means to help identify target areas of improvement. The AMCH PPS patient registries and the accompanied structured reports help to foster a comprehensive macro-perspective of the patient population that can be successfully utilized to target patients and ensure that engagement across the projects and participating organizations continues. As the AMCH PPS identifies a secure means to share data, population health registries will also help individual organizations target patients for project participation. The E.H.R. subcommittee, clinical subcommittees, the Technology and Data Management Committee, as well as other appropriate stakeholders will play a collaborative and active role in creating and updating additional registries as necessary.</p>

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Fail	PPS did not meet Provider Speed & Scale Implementation requirements for this milestone.
Milestone #2	Fail	PPS did not meet Provider Speed & Scale Implementation requirements for this milestone.
Milestone #3	Pass & Complete	
Milestone #4	Fail	The PPS provided a list of partners that have agreements with MCOs, but it is not clear what activity the PPS has taken to ensure that their partners have agreements in place with MCOs that address the coverage of patients with asthma health issues. A list of those partners that have agreements alone does not demonstrate that the PPS is working with their partners' MCOs. Furthermore, the IA notes that this requirement does not pertain to VBP agreement between the PPS and MCOs.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #5	Pass & Complete	



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 3.d.iii.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 3.d.iii.5 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project 4.b.i – Promote tobacco use cessation, especially among low SES populations and those with poor mental health.

✓ IPQR Module 4.b.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

There are many risks to successfully implementing this project especially among low SES populations and those with poor mental health.

Lack of understanding of cessation medications & counseling, and lack of referrals to the NYS Smokers' Quitline are barriers to success. Lack of time spent providing tobacco cessation counseling and education to patients, and the lack of integration between primary care and behavioral health providers are also barriers. A lack of organizational commitment may also hinder cessation efforts. MCOs may need to modify buy into the value of the program and agree to reimburse for tobacco cessation services.

To mitigate these risks AMCH PPS will:

- Form a project subcommittee or ensure relevant tobacco cessation discussions occur in the appropriate subcommittees.
- Identify opportunities to meet multiple project milestones related to tobacco use cessation with cross-cutting requirements in EHR tracking and Behavioral Health.
- Implement cross-PPS EHR capabilities including excel transfer of data in lieu of MAPP functionality.
- Activate WCC to provide resources and materials to organizations and providers for collaboration, coordination, and patient engagement.
- In collaboration with our workforce training vendor, the PMO will provide training and resources for the current workforce to ensure cessation counseling is provided in a culturally and linguistically appropriate way.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✔ IPQR Module 4.b.i.2 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Engage community partners in collaboration regarding tobacco cessation initiatives.	In Progress	Engage community partners in collaboration regarding tobacco cessation initiatives.	10/05/2015	03/31/2020	10/05/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. AMCH PMO will identify community partners including providers, CBOs, and advocacy groups.	In Progress	1. AMCH PMO will identify community partners including providers, CBOs, and advocacy groups.	10/05/2015	03/31/2020	10/05/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Through the CCAC, AMCH PMO will communicate planned actions to increase access to tobacco cessation resources for appropriate patient populations.	On Hold	2. Through the CCAC, AMCH PMO will communicate planned actions to increase access to tobacco cessation resources for appropriate patient populations.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. In collaboration with identified participants, AMCH PPS will consider system wide approaches to identify patients for tobacco-use screening and appropriate follow-up.	In Progress	3. In collaboration with identified participants, AMCH PMO will consider system wide approaches to identify patients for tobacco-use screening and appropriate follow-up.	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Milestone Review and update a summary of current institutional policies regarding tobacco-free environment (one time).	In Progress	Review and update a summary of current institutional policies regarding tobacco-free environment (one time).	10/05/2015	03/31/2020	10/05/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Create project sub-committee with representation from key stakeholders, including Advancing Tobacco-Free Communities, to oversee the project implementation.	In Progress	1. Create project sub-committee with representation from key stakeholders, including Advancing Tobacco-Free Communities, to oversee the project implementation.	10/05/2015	03/31/2020	10/05/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Coordinate with neighboring and overlapping PPS's and other key stakeholders to assess partners and identify PPS partner sites with existing tobacco-free environment policies.	On Hold	2. Coordinate with neighboring and overlapping PPS's and other key stakeholders to assess partners and identify PPS partner sites with existing tobacco-free environment policies.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Engage executive leadership at sites that lack policies, to support adoption of tobacco-free	On Hold	3. Engage executive leadership at sites that lack policies, to support adoption of tobacco-free environment policies.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
environment policies.								
Milestone Incorporate provider training in tobacco dependence treatment.	In Progress	Incorporate provider training in tobacco dependence treatment.	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 1. In collaboration with WCC, approve trainings to be offered to providers as part of awareness of tobacco cessation initiatives.	In Progress	1. In collaboration with WCC, approve trainings to be offered to providers as part of awareness of tobacco cessation initiatives.	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 2. Track, through WCC, providers who complete these trainings on a biennial schedule.	In Progress	2. Track, through WCC, providers who complete these trainings on a biennial schedule.	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Milestone A PPS-wide policy that ensures tobacco status is queried and documented consistent with USPSTF guidelines.	On Hold	A PPS-wide policy that ensures tobacco status is queried and documented consistent with USPSTF guidelines.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Make recommendations in the form of a practice/site specific action plan for referral and follow-up policies and procedures based on findings and best practices.	On Hold	1. Make recommendations in the form of a practice/site specific action plan for referral and follow-up policies and procedures based on findings and best practices.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Development and use of routine performance measures for monitoring tobacco use screening and treatment.	In Progress	Development and use of routine performance measures for monitoring tobacco use screening and treatment.	01/25/2016	03/31/2020	01/25/2016	03/31/2020	03/31/2020	DY5 Q4
Task 1. Identify available, routine performance measures captured by participating providers regarding tobacco use, screening, and treatment.	In Progress	1. Identify available, routine performance measures captured by participating providers regarding tobacco use, screening, and treatment.	01/25/2016	03/31/2020	01/25/2016	03/31/2020	03/31/2020	DY5 Q4
Task 2. Share routine performance measures with participating providers to encourage adoption of appropriate screening and treatment activities to assist with reporting and measurement.	On Hold	2. Share routine performance measures with participating providers to encourage adoption of appropriate screening and treatment activities to assist with reporting and measurement.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Identify dedicated staff who will provide tobacco dependency treatment as outlined by the USPHS Clinical Practice Guidelines and assess the delivery of this treatment in staff performance evaluations.	In Progress	Identify dedicated staff who will provide tobacco dependency treatment as outlined by the USPHS Clinical Practice Guidelines and assess the delivery of this treatment in staff performance evaluations.	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task	In Progress	1. In collaboration with WCC, identify needs for training across PPS	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
1. In collaboration with WCC, identify needs for training across PPS partners, with special focus on those providing behavioral health services.		partners, with special focus on those providing behavioral health services.						
Task 2. Following USPHS Clinical Practice Guidelines, encourage participating partners to report treatment outcomes.	On Hold	2. Following USPHS Clinical Practice Guidelines, encourage participating partners to report treatment outcomes.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Encourage participating providers to conduct staff evaluations annually regarding competencies associated with USPHS Clinical Practice Guidelines.	On Hold	3. Encourage participating providers to conduct staff evaluations annually regarding competencies associated with USPHS Clinical Practice Guidelines.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4. Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.	On Hold	4. Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Engage in MOUs with NYS DOH Bureau of Tobacco Control's Health Systems for a Tobacco-Free NY's contractors to receive technical assistance on system improvements related to tobacco use cessation.	In Progress	Engage in MOUs with NYS DOH Bureau of Tobacco Control's Health Systems for a Tobacco-Free NY's contractors to receive technical assistance on system improvements related to tobacco use cessation.	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 1. Execute MOUs with NYS DOH Bureau of Tobacco Control's Health Systems to receive support on system improvements related to tobacco use cessation.	On Hold	1. Execute MOUs with NYS DOH Bureau of Tobacco Control's Health Systems to receive support on system improvements related to tobacco use cessation.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Collaborate with overlapping and neighboring PPS's to coordinate tobacco cessation programs across the region.	In Progress	2. Collaborate with overlapping and neighboring PPS's to coordinate tobacco cessation programs across the region.	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Milestone Resources budgeted for related community service plan activities.	Completed	Resources budgeted for related community service plan activities.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Resources budgeted for related community service plan activities.	Completed	Resources budgeted for related community service plan activities.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Engage community partners in collaboration regarding tobacco cessation initiatives.	
Review and update a summary of current institutional policies regarding tobacco-free environment (one time).	
Incorporate provider training in tobacco dependence treatment.	
A PPS-wide policy that ensures tobacco status is queried and documented consistent with USPSTF guidelines.	
Development and use of routine performance measures for monitoring tobacco use screening and treatment.	
Identify dedicated staff who will provide tobacco dependency treatment as outlined by the USPHS Clinical Practice Guidelines and assess the delivery of this treatment in staff performance evaluations.	
Engage in MOUs with NYS DOH Bureau of Tobacco Control's Health Systems for a Tobacco-Free NY's contractors to receive technical assistance on system improvements related to tobacco use cessation.	
Resources budgeted for related community service plan activities.	
Mid-Point Assessment	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 4.b.i.3 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project 4.b.ii – Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)

✓ IPQR Module 4.b.ii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

Barriers identified in our CNA include: wait time for appointments, lack of specialists, transportation and stigma. Patient engagement may also be negatively impacted by cultural differences, age, sex and socioeconomic status. Such factors leave community members at a disadvantage. The second risk is the capability to obtain and facilitate training, education and workforce resources. It will be vital to provide ongoing education, and providing training over such an expansive area is challenging. Provider and non-provider staff must be trained and demonstrate competency in preventive care initiatives. Community-based training resources will also need to be developed. Another risk is EHR compatibility across the PPS Network. IT capabilities and capacities vary across providers. A number of partnering organizations lack sophisticated IT infrastructure and EHR system connectivity, necessary to facilitate this project. The PMO will need protocols, consents, care teams, IT infrastructure, etc., Connections to RHIO/HIXNY/SHINY will be important in addressing this risk

To mitigate these risks, the PMO will:

- Activate WCC to provide resources to providers for collaboration, coordination, and patient engagement.
- Our workforce training vendor will provide extensive resources for the current workforce.
- Health Navigators will assist patients with their health care needs.
- The PMO will work with MCOs to ensure that cancer screenings are affordable and accessible
- Care teams will utilize protocols to track patient appointments and screening results.
- Mobile breast cancer screening vans will also be deployed in the regional "hot spots."
- Take advantage of developing EHR capabilities and EHR prompts.
- The PMO will also use, follow-up calls, health navigators and other case managers to process and address cancer screening results.
- The PPS and its partners have applied for capital funding to enhance IT infrastructure.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

✅ IPQR Module 4.b.ii.2 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Devise a communication strategy to community partners on intention to take action on this project and invitation for collaboration.	Completed	Devise a communication strategy to community partners on intention to take action on this project and invitation for collaboration.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 1. AMCH PMO will identify community partners including providers, CBOs, and advocacy groups.	Completed	1. AMCH PMO will identify community partners including providers, CBOs, and advocacy groups.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Through the CCAC, AMCH PMO will communicate planned actions to increase access to preventative screenings for appropriate patient populations.	Completed	2. Through the CCAC, AMCH PMO will communicate planned actions to increase access to preventative screenings for appropriate patient populations.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. In collaboration with identified participants, AMCH PMO will adopt system-wide approaches to identify patients for screening and follow-up.	On Hold	3. In collaboration with identified participants, AMCH PMO will adopt system-wide approaches to identify patients for screening and follow-up.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Increase provider/care team knowledge of screening protocols and clinical practice guidelines.	In Progress	Increase provider/care team knowledge of screening protocols and clinical practice guidelines.	12/01/2015	03/31/2020	12/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. CQAC will review information from the NYS Cancer Services Program website. This information will be used to recommend comprehensive cancer screening policies and protocols, for adoption, as appropriate.	In Progress	1. CQAC will review information from the NYS Cancer Services Program website. This information will be used to recommend comprehensive cancer screening policies and protocols, for adoption, as appropriate.	12/01/2015	03/31/2020	12/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. AMCH PMO, in collaboration with CQAC, will review, recommend, and distribute screening protocols to participating providers.	On Hold	2. AMCH PMO, in collaboration with CQAC, will review, recommend, and distribute screening protocols to participating providers.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. AMCH PMO will encourage participating providers to adopt policies and protocols and make	On Hold	3. AMCH PMO will encourage participating providers to adopt policies and protocols and make EHR updates to alert and remind patients in need of	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
EHR updates to alert and remind patients in need of follow-up for abnormal results.		follow-up for abnormal results.						
Milestone Increase rates of screening (or re-screening) among defined patient populations.	On Hold	Increase rates of screening (or re-screening) among defined patient populations.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. AMCH PMO will work with population health vendors, as well as Health Departments and others, to collect and analyze baseline rates of cancer screenings conducted across the network for the target population.	On Hold	1. AMCH PMO will work with population health vendors, as well as Health Departments and others, to collect and analyze baseline rates of cancer screenings conducted across the network for the target population.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Working with identified community partners and population health IT platforms, AMCH PMO will recommend a system-wide approach for monitoring performance and sharing results.	On Hold	2. Working with identified community partners and population health IT platforms, AMCH PMO will recommend a system-wide approach for monitoring performance and sharing results.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Following PDSA or Rapid Cycle Improvement methodologies, the AMCH PMO will assist participating practice sites, where improvement opportunities might exist, and facilitate performance improvement to the extent feasible.	On Hold	3. Following PDSA or Rapid Cycle Improvement methodologies, the AMCH PMO will assist participating practice sites, where improvement opportunities might exist, and facilitate performance improvement to the extent feasible.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Increase follow-up of abnormal cancer screening results on a timely basis.	On Hold	Increase follow-up of abnormal cancer screening results on a timely basis.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. AMCH PMO will work with population health vendors to collect and analyze baseline rates of follow-up of abnormal cancer screening results.	On Hold	1. AMCH PMO will work with population health vendors to collect and analyze baseline rates of follow-up of abnormal cancer screening results.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. AMCH PMO will provide guidance to participating providers for alerting and reminding patients in need of follow-up for abnormal results.	On Hold	2. AMCH PMO will provide guidance to participating providers for alerting and reminding patients in need of follow-up for abnormal results.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Following PDSA or Rapid Cycle Improvement methodologies, the AMCH PMO will assist participating practice sites, where improvement opportunities might exist, and facilitate performance improvement where feasible.	On Hold	3. Following PDSA or Rapid Cycle Improvement methodologies, the AMCH PMO will assist participating practice sites, where improvement opportunities might exist, and facilitate performance improvement where feasible.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task	On Hold	4. AMCH PMO, in collaboration with the WCC and CCHLC, will coordinate	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
4. AMCH PMO, in collaboration with the WCC and CCHLC, will coordinate training of community navigators with culturally-appropriate navigation materials for patient populations with low screening rates.		training of community navigators with culturally-appropriate navigation materials for patient populations with low screening rates.						
Task 5. AMCH PMO will publish aggregated cancer screening rates, for the network of providers at least annually.	On Hold	5. AMCH PMO will publish aggregated cancer screening rates, for the network of providers at least annually.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Resources budgeted for related community service plan activities.	Completed	Resources budgeted for related community service plan activities.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 1. The AMCH PPS Finance Committee will develop a budget to support the achievement of project milestones.	Completed	1. The AMCH PPS Finance Committee will develop a budget to support the achievement of project milestones.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Devise a communication strategy to community partners on intention to take action on this project and invitation for collaboration.	
Increase provider/care team knowledge of screening protocols and clinical practice guidelines.	
Increase rates of screening (or re-screening) among defined patient populations.	
Increase follow-up of abnormal cancer screening results on a timely basis.	
Resources budgeted for related community service plan activities.	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

IPQR Module 4.b.ii.3 - IA Monitoring

Instructions :



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Attestation

The Lead Representative has been designated by the Primary Lead PPS Provider (PPS Lead Entity) as the signing officiate for the DSRIP Quarterly Report. The Lead Representative has the authority to complete this attestation on behalf of the PPS network. The Lead Representative and PPS Lead Entity are responsible for the authenticity and accuracy of the material submitted in this report.

The Lead Representative of the Performing Provider System (PPS) must complete this attestation form in order for the project application to be accepted by the NYS Department of Health. Once the attestation is complete, the Quarterly Report will be locked down from any further editing. Do not complete this section until the entire Quarterly Report is complete.

If the Quarterly Report becomes locked in error and additional changes are necessary, please use the contact information on the Home Page to request that the Quarterly Report be unlocked.

To electronically sign this Quarterly Report, please enter the required information and check the box below:

I here by attest, as the Lead Representative of the 'Albany Medical Center Hospital', that all information provided on this Quarterly report is true and accurate to the best of my knowledge, and that, following initial submission in the current quarterly reporting period as defined by NY DOH, changes made to this report were pursuant only to documented instructions or documented approval of changes from DOH or DSRIP Independent Assessor.

Primary Lead PPS Provider:	ALBANY MEDICAL CTR HOSPITAL
Secondary Lead PPS Provider:	
Lead Representative:	Christine McIntyre
Submission Date:	12/15/2016 11:24 AM

Comments:



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Status Log				
Quarterly Report (DY,Q)	Status	Lead Representative Name	User ID	Date Timestamp
DY2, Q2	Adjudicated	Christine McIntyre	mrurak	12/30/2016 11:58 AM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Comments Log			
Status	Comments	User ID	Date Timestamp
Adjudicated	The PPS DY2, Q2 Quarterly Report has been adjudicated by the Independent Assessor.	mrurak	12/30/2016 11:58 AM
Adjudicated	The PPS DY2, Q2 Quarterly Report has been adjudicated by the Independent Assessor.	mrurak	12/30/2016 11:58 AM
Returned	The DY2, Q2 Quarterly Report has been returned for remediation.	mrurak	12/01/2016 04:37 PM



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section	Module Name	Status
Section 01	IPQR Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY	✔ Completed
	IPQR Module 1.2 - PPS Budget - Waiver Revenue (Quarterly)	✔ Completed
	IPQR Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY	✔ Completed
	IPQR Module 1.4 - PPS Flow of Funds - Waiver Revenue (Quarterly)	✔ Completed
	IPQR Module 1.5 - Prescribed Milestones	✔ Completed
	IPQR Module 1.6 - PPS Defined Milestones	✔ Completed
	IPQR Module 1.7 - PPS Budget - Non-Waiver Revenue (Baseline)	✔ Completed
	IPQR Module 1.8 - PPS Budget - Non-Waiver Revenue (Quarterly)	✔ Completed
	IPQR Module 1.9 - PPS Flow of Funds - Non-Waiver Revenue (Baseline)	✔ Completed
	IPQR Module 1.10 - PPS Flow of Funds - Non-Waiver Revenue (Quarterly)	✔ Completed
	IPQR Module 1.11 - IA Monitoring	
Section 02	IPQR Module 2.1 - Prescribed Milestones	✔ Completed
	IPQR Module 2.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 2.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 2.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 2.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 2.6 - Key Stakeholders	✔ Completed
	IPQR Module 2.7 - IT Expectations	✔ Completed
	IPQR Module 2.8 - Progress Reporting	✔ Completed
	IPQR Module 2.9 - IA Monitoring	
Section 03	IPQR Module 3.1 - Prescribed Milestones	✔ Completed
	IPQR Module 3.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 3.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 3.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 3.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 3.6 - Key Stakeholders	✔ Completed
	IPQR Module 3.7 - IT Expectations	✔ Completed



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section	Module Name	Status
	IPQR Module 3.8 - Progress Reporting	✔ Completed
	IPQR Module 3.9 - IA Monitoring	
Section 04	IPQR Module 4.1 - Prescribed Milestones	✔ Completed
	IPQR Module 4.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 4.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 4.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 4.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 4.6 - Key Stakeholders	✔ Completed
	IPQR Module 4.7 - IT Expectations	✔ Completed
	IPQR Module 4.8 - Progress Reporting	✔ Completed
	IPQR Module 4.9 - IA Monitoring	
Section 05	IPQR Module 5.1 - Prescribed Milestones	✔ Completed
	IPQR Module 5.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 5.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 5.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 5.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 5.6 - Key Stakeholders	✔ Completed
	IPQR Module 5.7 - Progress Reporting	✔ Completed
		IPQR Module 5.8 - IA Monitoring
Section 06	IPQR Module 6.1 - Prescribed Milestones	✔ Completed
	IPQR Module 6.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 6.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 6.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 6.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 6.6 - Key Stakeholders	✔ Completed
	IPQR Module 6.7 - IT Expectations	✔ Completed
	IPQR Module 6.8 - Progress Reporting	✔ Completed
		IPQR Module 6.9 - IA Monitoring
Section 07	IPQR Module 7.1 - Prescribed Milestones	✔ Completed



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section	Module Name	Status
	IPQR Module 7.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 7.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 7.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 7.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 7.6 - Key Stakeholders	✔ Completed
	IPQR Module 7.7 - IT Expectations	✔ Completed
	IPQR Module 7.8 - Progress Reporting	✔ Completed
	IPQR Module 7.9 - IA Monitoring	
Section 08	IPQR Module 8.1 - Prescribed Milestones	✔ Completed
	IPQR Module 8.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 8.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 8.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 8.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 8.6 - Key Stakeholders	✔ Completed
	IPQR Module 8.7 - IT Expectations	✔ Completed
	IPQR Module 8.8 - Progress Reporting	✔ Completed
	IPQR Module 8.9 - IA Monitoring	
Section 09	IPQR Module 9.1 - Prescribed Milestones	✔ Completed
	IPQR Module 9.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 9.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 9.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 9.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 9.6 - Key Stakeholders	✔ Completed
	IPQR Module 9.7 - IT Expectations	✔ Completed
	IPQR Module 9.8 - Progress Reporting	✔ Completed
	IPQR Module 9.9 - IA Monitoring	
Section 10	IPQR Module 10.1 - Overall approach to implementation	✔ Completed
	IPQR Module 10.2 - Major dependencies between work streams and coordination of projects	✔ Completed
	IPQR Module 10.3 - Project Roles and Responsibilities	✔ Completed



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section	Module Name	Status
	IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects	✔ Completed
	IPQR Module 10.5 - IT Requirements	✔ Completed
	IPQR Module 10.6 - Performance Monitoring	✔ Completed
	IPQR Module 10.7 - Community Engagement	✔ Completed
	IPQR Module 10.8 - IA Monitoring	
Section 11	IPQR Module 11.1 - Workforce Strategy Spending (Baseline)	✔ Completed
	IPQR Module 11.2 - Prescribed Milestones	✔ Completed
	IPQR Module 11.3 - PPS Defined Milestones	✔ Completed
	IPQR Module 11.4 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 11.5 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 11.6 - Roles and Responsibilities	✔ Completed
	IPQR Module 11.7 - Key Stakeholders	✔ Completed
	IPQR Module 11.8 - IT Expectations	✔ Completed
	IPQR Module 11.9 - Progress Reporting	✔ Completed
	IPQR Module 11.10 - Staff Impact	✔ Completed
	IPQR Module 11.11 - Workforce Strategy Spending (Quarterly)	✔ Completed
		IPQR Module 11.12 - IA Monitoring



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project ID	Module Name	Status
2.a.i	IPQR Module 2.a.i.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 2.a.i.2 - Prescribed Milestones	✔ Completed
	IPQR Module 2.a.i.3 - PPS Defined Milestones	✔ Completed
	IPQR Module 2.a.i.4 - IA Monitoring	
2.a.iii	IPQR Module 2.a.iii.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 2.a.iii.2 - Patient Engagement Speed	✔ Completed
	IPQR Module 2.a.iii.3 - Prescribed Milestones	✔ Completed
	IPQR Module 2.a.iii.4 - PPS Defined Milestones	✔ Completed
	IPQR Module 2.a.iii.5 - IA Monitoring	
2.a.v	IPQR Module 2.a.v.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 2.a.v.2 - Patient Engagement Speed	✔ Completed
	IPQR Module 2.a.v.3 - Prescribed Milestones	✔ Completed
	IPQR Module 2.a.v.4 - PPS Defined Milestones	✔ Completed
	IPQR Module 2.a.v.5 - IA Monitoring	
2.b.iii	IPQR Module 2.b.iii.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 2.b.iii.2 - Patient Engagement Speed	✔ Completed
	IPQR Module 2.b.iii.3 - Prescribed Milestones	✔ Completed
	IPQR Module 2.b.iii.4 - PPS Defined Milestones	✔ Completed
	IPQR Module 2.b.iii.5 - IA Monitoring	
2.d.i	IPQR Module 2.d.i.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 2.d.i.2 - Patient Engagement Speed	✔ Completed
	IPQR Module 2.d.i.3 - Prescribed Milestones	✔ Completed
	IPQR Module 2.d.i.4 - PPS Defined Milestones	✔ Completed
	IPQR Module 2.d.i.5 - IA Monitoring	
3.a.i	IPQR Module 3.a.i.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 3.a.i.2 - Patient Engagement Speed	✔ Completed
	IPQR Module 3.a.i.3 - Prescribed Milestones	✔ Completed



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project ID	Module Name	Status
	IPQR Module 3.a.i.4 - PPS Defined Milestones	✔ Completed
	IPQR Module 3.a.i.5 - IA Monitoring	
3.a.ii	IPQR Module 3.a.ii.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 3.a.ii.2 - Patient Engagement Speed	✔ Completed
	IPQR Module 3.a.ii.3 - Prescribed Milestones	✔ Completed
	IPQR Module 3.a.ii.4 - PPS Defined Milestones	✔ Completed
	IPQR Module 3.a.ii.5 - IA Monitoring	
3.b.i	IPQR Module 3.b.i.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 3.b.i.2 - Patient Engagement Speed	✔ Completed
	IPQR Module 3.b.i.3 - Prescribed Milestones	✔ Completed
	IPQR Module 3.b.i.4 - PPS Defined Milestones	✔ Completed
	IPQR Module 3.b.i.5 - IA Monitoring	
3.d.iii	IPQR Module 3.d.iii.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 3.d.iii.2 - Patient Engagement Speed	✔ Completed
	IPQR Module 3.d.iii.3 - Prescribed Milestones	✔ Completed
	IPQR Module 3.d.iii.4 - PPS Defined Milestones	✔ Completed
	IPQR Module 3.d.iii.5 - IA Monitoring	
4.b.i	IPQR Module 4.b.i.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 4.b.i.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 4.b.i.3 - IA Monitoring	
4.b.ii	IPQR Module 4.b.ii.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 4.b.ii.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 4.b.ii.3 - IA Monitoring	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Section	Module Name / Milestone #	Review Status	
Section 01	Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY	Pass & Ongoing	
	Module 1.2 - PPS Budget - Waiver Revenue (Quarterly)	Pass & Ongoing	
	Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY	Pass & Ongoing	
	Module 1.4 - PPS Flow of Funds - Waiver Revenue (Quarterly)	Pass & Ongoing	
	Module 1.5 - Prescribed Milestones		
	Milestone #1 Complete funds flow budget and distribution plan and communicate with network	Pass & Complete	
	Module 1.7 - PPS Budget - Non-Waiver Revenue (Baseline)	Pass & Ongoing	
	Module 1.8 - PPS Budget - Non-Waiver Revenue (Quarterly)	Pass & Ongoing	
	Module 1.9 - PPS Flow of Funds - Non-Waiver Revenue (Baseline)	Pass & Ongoing	
	Module 1.10 - PPS Flow of Funds - Non-Waiver Revenue (Quarterly)	Pass & Ongoing	
Section 02	Module 2.1 - Prescribed Milestones		
	Milestone #1 Finalize governance structure and sub-committee structure	Pass & Complete	
	Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Pass & Complete	
	Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Pass & Complete	
	Milestone #4 Establish governance structure reporting and monitoring processes	Pass & Complete	
	Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Pass & Complete	
	Milestone #6 Finalize partnership agreements or contracts with CBOs	Pass & Ongoing	
	Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	Pass & Complete	
	Milestone #8 Finalize workforce communication and engagement plan	Pass & Complete	
Milestone #9 Inclusion of CBOs in PPS Implementation.	Pass & Ongoing		
Section 03	Module 3.1 - Prescribed Milestones		
	Milestone #1 Finalize PPS finance structure, including reporting structure	Pass & Complete	
	Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Pass & Complete	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)




















Section	Module Name / Milestone #	Review Status	
	Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Pass & Complete	
	Milestone #4 Develop detailed baseline assessment of revenue linked to value based payment, preferred compensation modalities for different provider types and functions, and MCO strategy for the PPS and for facilitating network partner engagement with the MCOs.	Pass & Ongoing	
	Milestone #5 Finalize a plan towards achieving 80% value-based payments across network by year 5 of the waiver at the latest, including efforts to educate PPS network partners on VBP, organizational models to support VBP contracting such as ACOs and IPAs, and to facilitate network partner engagement with MCOs.	Pass & Ongoing	
	Milestone #6 ≥10% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs	Pass & Ongoing	
	Milestone #7 ≥50% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	Pass & Ongoing	
	Milestone #8 ≥80% of total MCO payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 20%* (blended for 35% target for fully capitated plans (MLTC and SNPS) and 15% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	Pass & Ongoing	
Section 04	Module 4.1 - Prescribed Milestones		
	Milestone #1 Finalize cultural competency / health literacy strategy.	Pass & Complete	
	Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	Pass & Complete	
Section 05	Module 5.1 - Prescribed Milestones		
	Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	Pass & Complete	
	Milestone #2 Develop an IT Change Management Strategy.	Pass & Complete	
	Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Pass & Complete	
	Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Pass & Complete	
Milestone #5 Develop a data security and confidentiality plan.	Pass & Complete		
Section 06	Module 6.1 - Prescribed Milestones		
	Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Pass & Complete	
	Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Pass & Complete	
Section 07	Module 7.1 - Prescribed Milestones		
	Milestone #1 Develop Practitioners communication and engagement plan.	Pass & Complete	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project
































Albany Medical Center Hospital (PPS ID:1)

Section	Module Name / Milestone #	Review Status	
	Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Pass & Complete	 
Section 08	Module 8.1 - Prescribed Milestones		
	Milestone #1 Develop population health management roadmap.	Pass & Complete	 
	Milestone #2 Finalize PPS-wide bed reduction plan.	Pass & Complete	 
Section 09	Module 9.1 - Prescribed Milestones		
	Milestone #1 Perform a clinical integration 'needs assessment'.	Pass & Complete	 
	Milestone #2 Develop a Clinical Integration strategy.	Pass & Complete	 
Section 11	Module 11.1 - Workforce Strategy Spending (Baseline)	Pass & Complete	
	Module 11.2 - Prescribed Milestones		
	Milestone #1 Define target workforce state (in line with DSRIP program's goals).	Pass & Complete	
	Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Pass & Complete	 
	Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	Pass & Complete	 
	Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	Pass & Complete	
	Milestone #5 Develop training strategy.	Pass & Complete	 
	Module 11.10 - Staff Impact	Pass & Ongoing	
Module 11.11 - Workforce Strategy Spending (Quarterly)	Pass & Ongoing		



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**



Albany Medical Center Hospital (PPS ID:1)

Project ID	Module Name / Milestone #	Review Status	
2.a.i	Module 2.a.i.2 - Prescribed Milestones		
	Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	Fail	  
	Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	Pass & Complete	 
	Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	Fail	  
	Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	Fail	  
	Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Fail	  
	Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Pass & Complete	 
	Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all eligible participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	Fail	  
	Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	Pass (with Exception) & Complete	  
	Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	Fail	  
	Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	Pass & Complete	 
	Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	Pass & Complete	 
2.a.iii	Module 2.a.iii.2 - Patient Engagement Speed	Fail	 
	Module 2.a.iii.3 - Prescribed Milestones		
	Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	Pass & Ongoing	
	Milestone #2 Ensure all eligible primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3.	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project ID	Module Name / Milestone #	Review Status	
	Milestone #3 Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	Pass & Ongoing	
	Milestone #4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	Pass & Ongoing	
	Milestone #5 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Pass & Ongoing	
	Milestone #6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	Pass & Ongoing	
	Milestone #7 Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	Pass & Ongoing	
	Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	Pass & Ongoing	
	Milestone #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	Pass & Ongoing	
	Module 2.a.v.2 - Patient Engagement Speed	Fail	 
	Module 2.a.v.3 - Prescribed Milestones		
2.a.v	Milestone #1 Transform outdated (underperforming) nursing home capacity into a stand-alone emergency department/urgent care center or other healthcare-related purpose.	Pass & Ongoing	
	Milestone #2 Provide a clear statement of how the infrastructure transformation program will promote better service and outcomes (service volume, occupancy statistics, etc.) for the community based upon the community needs assessment including evaluation of specific planning needs for any Naturally Occurring Retirement Community (NORC) occurring within the PPS.	Pass & Ongoing	
	Milestone #3 Provide a clear description of how this re-configured facility will fit into a broader integrated delivery system that is committed to high quality care and willing/able to participate in payment reform.	Pass & Ongoing	
	Milestone #4 Provide clear documentation that demonstrates housing plans are consistent with the Olmstead Decision and any other federal requirements.	Pass & Ongoing	
	Milestone #5 Identify specific community-based services that will be developed in lieu of these beds based upon the community need.	Pass & Ongoing	
	Milestone #6 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Ongoing	
	Milestone #7 Ensure that all eligible participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	Pass & Ongoing	
	Milestone #8 Ensure that all safety net providers participating in medical villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	Pass & Ongoing	
	Milestone #9 Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project ID	Module Name / Milestone #	Review Status	
2.b.iii	Module 2.b.iii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.iii.3 - Prescribed Milestones		
	Milestone #1 Establish ED care triage program for at-risk populations	Pass & Complete	
	Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable	Fail	
	Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	Pass & Complete	
	Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	Pass (with Exception) & Complete	
	Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Complete	
2.d.i	Module 2.d.i.2 - Patient Engagement Speed	Fail	
	Module 2.d.i.3 - Prescribed Milestones		
	Milestone #1 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	Pass & Ongoing	
	Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	Pass & Ongoing	
	Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	Pass & Ongoing	
	Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.	Pass & Ongoing	
	Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	Pass & Ongoing	
Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member.	Pass & Ongoing		



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project ID	Module Name / Milestone #	Review Status	
	<ul style="list-style-type: none"> • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104. 		
	<p>Milestone #7 Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.</p>	Pass & Ongoing	
	<p>Milestone #8 Include beneficiaries in development team to promote preventive care.</p>	Pass & Ongoing	
	<p>Milestone #9 Measure PAM(R) components, including:</p> <ul style="list-style-type: none"> • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. <ul style="list-style-type: none"> • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis. 	Pass & Ongoing	
	<p>Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.</p>	Pass & Ongoing	
	<p>Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.</p>	Pass & Ongoing	
	<p>Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.</p>	Pass & Ongoing	
	<p>Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).</p>	Pass & Ongoing	
	<p>Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.</p>	Pass & Ongoing	
	<p>Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.</p>	Pass & Ongoing	
	<p>Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive</p>	Pass & Ongoing	

**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

















Albany Medical Center Hospital (PPS ID:1)

Project ID	Module Name / Milestone #	Review Status	
	services for a community member.		
	Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	Pass & Ongoing	
3.a.i	Module 3.a.i.2 - Patient Engagement Speed	Fail	
	Module 3.a.i.3 - Prescribed Milestones		
	Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating eligible primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	Pass & Ongoing	
	Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Ongoing	
	Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Pass & Ongoing	
	Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #5 Co-locate primary care services at behavioral health sites.	Pass & Ongoing	
	Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Ongoing	
	Milestone #7 Conduct preventive care screenings, including physical and behavioral health screenings.	Pass & Ongoing	
	Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #9 Implement IMPACT Model at Primary Care Sites.	Pass & Ongoing	
	Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	Pass & Ongoing	
	Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	Pass & Ongoing	
	Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Pass & Ongoing	
	Milestone #13 Measure outcomes as required in the IMPACT Model.	Pass & Ongoing	
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	Pass & Ongoing		
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing		
3.a.ii	Module 3.a.ii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.a.ii.3 - Prescribed Milestones		
	Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	Pass & Ongoing	
	Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project**

Albany Medical Center Hospital (PPS ID:1)

Project ID	Module Name / Milestone #	Review Status		
	Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	Pass & Ongoing		
	Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	Pass & Ongoing		
	Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	Pass & Ongoing		
	Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	Pass & Ongoing		
	Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	Pass & Ongoing		
	Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	Pass & Ongoing		
	Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	Pass & Ongoing		
	Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	Pass & Ongoing		
	Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing		
	3.b.i	Module 3.b.i.2 - Patient Engagement Speed	Fail	 
		Module 3.b.i.3 - Prescribed Milestones		
Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.		Pass & Complete	 	
Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.		Fail	 	
Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.		Fail	 	
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.		Pass & Complete		
Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).		Fail	 	
Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.		Pass & Complete		
Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.		Pass & Complete		
Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.		Pass & Complete		



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Project ID	Module Name / Milestone #	Review Status	
	Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	Fail	
	Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	Fail	
	Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	Fail	
	Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.	Pass & Complete	
	Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.	Pass & Complete	
	Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.	Fail	
	Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	Fail	
	Milestone #16 Facilitate referrals to NYS Smoker's Quitline.	Fail	
	Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	Fail	
	Milestone #18 Adopt strategies from the Million Hearts Campaign.	Fail	
	Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	Fail	
	Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.	Fail	
3.d.iii	Module 3.d.iii.2 - Patient Engagement Speed	Fail	
	Module 3.d.iii.3 - Prescribed Milestones		
	Milestone #1 Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.	Fail	
	Milestone #2 Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.	Fail	
	Milestone #3 Deliver educational activities addressing asthma management to participating primary care providers.	Pass & Complete	
	Milestone #4 Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.	Fail	
	Milestone #5 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	
4.b.i	Module 4.b.i.2 - PPS Defined Milestones	Pass & Ongoing	
4.b.ii	Module 4.b.ii.2 - PPS Defined Milestones	Pass & Ongoing	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Providers Participating in Projects

	Selected Projects										
	Project 2.a.i	Project 2.a.iii	Project 2.a.v	Project 2.b.iii	Project 2.d.i	Project 3.a.i	Project 3.a.ii	Project 3.b.i	Project 3.d.iii	Project 4.b.i	Project 4.b.ii
Provider Speed Commitments	DY2 Q2	DY2 Q4	DY3 Q4	DY2 Q2	DY3 Q4	DY3 Q2	DY3 Q2	DY2 Q2	DY2 Q2		

Provider Category		Project 2.a.i	Project 2.a.iii	Project 2.a.v	Project 2.b.iii	Project 2.d.i	Project 3.a.i	Project 3.a.ii	Project 3.b.i	Project 3.d.iii	Project 4.b.i	Project 4.b.ii											
		Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed											
Practitioner - Primary Care Provider (PCP)	Total	490	469	319	469	205	0	315	0	406	0	420	171	265	0	319	469	424	469	408	0	418	0
	Safety Net	33	47	26	47	9	47	22	47	20	47	23	47	12	47	26	47	29	47	22	0	26	0
Practitioner - Non-Primary Care Provider (PCP)	Total	1,750	1,469	1,220	1,469	516	0	1,204	0	1,231	0	1,247	0	1,099	0	1,187	188	1,119	14	1,235	0	1,251	0
	Safety Net	48	79	21	79	5	16	24	0	26	79	27	0	18	0	20	25	14	53	26	0	23	0
Hospital	Total	3	2	3	0	1	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0
	Safety Net	2	2	2	0	0	0	2	2	2	2	2	0	2	2	2	0	2	0	2	0	2	0
Clinic	Total	15	17	8	5	2	0	8	0	13	0	8	7	6	0	7	17	6	0	11	0	11	0
	Safety Net	9	13	6	9	0	1	6	13	8	13	6	13	4	13	5	13	4	5	8	0	8	0
Case Management / Health Home	Total	24	13	15	8	4	0	15	0	13	0	11	0	16	0	9	13	4	0	18	0	17	0
	Safety Net	9	8	7	8	0	0	5	8	2	0	4	0	6	0	2	8	1	3	6	0	6	0
Mental Health	Total	153	139	87	139	23	0	81	0	88	0	92	48	96	0	66	48	61	0	96	0	97	0
	Safety Net	24	34	14	34	1	2	12	0	14	0	13	34	17	34	6	34	4	0	16	0	16	0
Substance Abuse	Total	10	14	2	14	2	0	0	0	1	0	5	14	5	0	1	14	1	0	5	0	6	0
	Safety Net	10	14	2	14	2	0	0	0	1	0	5	14	5	14	1	14	1	0	5	0	6	0
Nursing Home	Total	10	38	2	0	5	0	2	0	2	0	2	0	2	0	2	0	1	0	2	0	2	0
	Safety Net	9	34	2	0	4	12	2	0	2	0	2	0	2	0	2	0	1	0	2	0	2	0
Pharmacy	Total	4	72	3	0	1	0	4	0	4	0	4	0	3	0	3	72	3	72	4	0	3	0
	Safety Net	2	1	1	0	0	1	2	0	2	1	2	0	1	0	1	1	1	1	2	0	1	0
Hospice	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

Provider Category		Project 2.a.i		Project 2.a.iii		Project 2.a.v		Project 2.b.iii		Project 2.d.i		Project 3.a.i		Project 3.a.ii		Project 3.b.i		Project 3.d.iii		Project 4.b.i		Project 4.b.ii	
		Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed
	Safety Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Based Organizations	Total	26	35	4	12	18	0	5	0	7	0	3	0	4	0	0	0	3	0	5	0	4	0
	Safety Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
All Other	Total	1,534	1,066	1,062	140	564	0	1,076	0	1,169	0	1,182	0	902	0	1,074	0	1,160	0	1,195	0	1,209	0
	Safety Net	96	117	51	92	19	15	53	0	48	117	50	0	36	0	53	0	52	20	61	0	63	0
Uncategorized	Total	246	0	210	0	104	0	204	0	208	0	212	0	188	0	155	0	146	0	204	0	211	0
	Safety Net	6	0	5	0	4	0	6	0	5	0	5	0	6	0	0	0	1	0	6	0	6	0
Additional Providers	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Safety Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Additional Project Scale Commitments

Instructions:

Please indicate the scale of the categories below that meet all of the project requirements committed to in the Project Plan Application. Documentation must be submitted in Excel format in the quarter when the PPS provider speed commitments for a particular project are due. This documentation should include the target category(e.g. Medical Villages, Emergency Departments with Care Triage, Community-based navigators, etc.), the project ID(e.g. 2.a.iv,2.a.v,3.a.ii, etc.), and the name of the providers/entities/individuals associated with this project, if applicable.

Project Scale Category	Project	Selected	Committed
Expected Number of Medical Villages Established	2.a.v	0	4
Emergency Departments with Care Triage	2.b.iii	3	4
PAM(R) Providers	2.d.i	0	68
Expected Number of Crisis Intervention Programs Established	3.a.ii	0	4

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Belding Alfred Md	Practitioner - Primary Care Provider (PCP)												
Gross Eric J Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Farrell Richard Md Jr	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Millora Angel B Md	Practitioner - Primary Care Provider (PCP)												
Leyhane James C Md	Practitioner - Primary Care Provider (PCP)	✓											



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Richman Charles H Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Malone Anthony F Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Petersen William A Md	Practitioner - Primary Care Provider (PCP)	✓											
Irwin Michael R Md	Practitioner - Primary Care Provider (PCP)												
Kamath Marian D Md	Practitioner - Primary Care Provider (PCP)												
Bertram Michael C Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Fruiterman Mark L Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Thompson Dean A Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Bello Scott C Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Chin Yin Lee Md	Practitioner - Primary Care Provider (PCP)												
Toll Richard B Md	Practitioner - Primary Care Provider (PCP)	✓											
Mitta Swatantra K Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Harde Hasmukh C Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Browne William F Md	Practitioner - Primary Care Provider (PCP)	✓											
Litts Warren C Jr Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Agopovich Arsenio Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Zeltner Theodore Harold Md	Practitioner - Primary Care Provider (PCP)	✓	✓						✓	✓		✓	
Walders James D Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Woods Norbert J Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Glasgow Constance Lenore Mdpc	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Patil Nagaraja N Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Fruiterman Roy Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Baselice Marino Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Capalbo Ralph H	Practitioner - Primary Care Provider (PCP)												
Patel Vina R Md	Practitioner - Primary Care Provider (PCP)												
Fusco Joseph J Md	Practitioner - Primary Care Provider (PCP)	✓					✓						
Ford Bradley A Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Saperstone James D Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Busino William A Jr Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Strader Stephen Earl Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Alegre Catalina	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Wolff Michael Leonard Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Marshall Robert Andrew Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Tomiak Henry P Jr Md	Practitioner - Primary Care Provider (PCP)	✓			✓	✓	✓	✓		✓	✓		
Hauer David I Md	Practitioner - Primary Care Provider (PCP)												
Nebres Jose F Md	Practitioner - Primary Care Provider (PCP)												



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Siniapkin George C Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kolanchick Gary J Md	Practitioner - Primary Care Provider (PCP)	✓											
Phelps David Millard Md	Practitioner - Primary Care Provider (PCP)	✓											
Rios Zandra M Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Haqjie Syed S Md	Practitioner - Primary Care Provider (PCP)	✓											
Musto Ronald V Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Weissberg Robert A Md	Practitioner - Primary Care Provider (PCP)	✓	✓						✓	✓		✓	
Goddard Bryan L Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Cioffi James Michael Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Semlear Robert Dwight Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Nolan Florence A Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sullivan Andrew Md	Practitioner - Primary Care Provider (PCP)	✓											
Lieberman Ruth L Md	Practitioner - Primary Care Provider (PCP)	✓											
Monkash Jeff Ira Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Litwa Wallin J Do	Practitioner - Primary Care Provider (PCP)	✓											
Conlon Alan T Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Mihindukulasuriya Joseph C Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hoy Christopher Dion Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sonnekalb Michael P Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Friedman Ross Md	Practitioner - Primary Care Provider (PCP)												
Calamia Vincent Md	Practitioner - Primary Care Provider (PCP)												
Busch Robert Steven Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Jue Donald Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Khan Noor Zaman Md	Practitioner - Primary Care Provider (PCP)												
Orsi Richard A Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Voleti Venkateswararao Md	Practitioner - Primary Care Provider (PCP)												
Caramore William J Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Rosenberger John Daniel Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Grant Stephen A Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Pagnotta Inez Md	Practitioner - Primary Care Provider (PCP)												
Schnide Kenneth Ben Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Sorum Paul C Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Caulfield Patrick Francis Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Mitnick Neil Craig Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Snitkoff Louis Md	Practitioner - Primary Care Provider (PCP)	✓											
Baillargeon Neal Arthur Md	Practitioner - Primary Care Provider (PCP)												



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Goldberg Steven Marc Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Sacolick Benzion Md	Practitioner - Primary Care Provider (PCP)												
Daggett Brian George Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Neilley Henry Md	Practitioner - Primary Care Provider (PCP)	✓			✓		✓			✓			
Gelman Leonard M Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Halbig Robert Joseph Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Stevens Arthur L Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Kao Wei Md	Practitioner - Primary Care Provider (PCP)												
Walker Michael Francis Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Condy Angela G Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Johnston Mary Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Vachon Francois Marc Andre Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Buff Daniel David Md	Practitioner - Primary Care Provider (PCP)												
Burchell Randall Lawrence Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gupta Sindhu Md Pc	Practitioner - Primary Care Provider (PCP)												
Buff Christopher Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Putman William Erskine M Md	Practitioner - Primary Care Provider (PCP)												
Lecours Laura Yates Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Tetreault William Robert Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Marinello Anthony James Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Spinelli Karen Ann Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Talma Theodore E Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Davis George Fabyan Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Kineke Stephen Francis Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Wong Winston C Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Duff Thomas Edward Jr Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Kronick Gary Archer Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Yan Richard	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓	✓	✓	✓	✓	
Ray David Allan Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Quarrier John V Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Schumacher Cajsa J Md	Practitioner - Primary Care Provider (PCP)	✓											
Dufresne W J Duke Md	Practitioner - Primary Care Provider (PCP)												
Rienzi Peter Anthony Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Marthy-Noonan Anne K Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Dorsey Susan Serra Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Herman David L Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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Salehi Freshteh Md	Practitioner - Primary Care Provider (PCP)											
Gilroy Shelley Ann Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Haber Eugene Curtis Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓
Mirza Shahida Parveen Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Schwartz Kenneth Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fuhrman Solomon M Md	Practitioner - Primary Care Provider (PCP)	✓					✓					
Nielson Robert P Jr Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Golden Owen Md	Practitioner - Primary Care Provider (PCP)											
Flatau Irene Ruth Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Anand Vinod Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Morin Michael P Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓
Skory David S Md	Practitioner - Primary Care Provider (PCP)											
Warszawa-Ambros Maryla A Md	Practitioner - Primary Care Provider (PCP)	✓			✓		✓			✓		
Dort Janice Beth	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Arnold Hendrick Jr Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Miller Cynthia H Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Pascual Arsenio George Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓
Bedford Sharon L Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Thomas Christopher W Md	Practitioner - Primary Care Provider (PCP)	✓										
Merecki Eugene Karl Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Spingarn David H Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patel Nileshkumar Gokal Md	Practitioner - Primary Care Provider (PCP)											
Balot Barry Hal Md	Practitioner - Primary Care Provider (PCP)											
Viola Theresa Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓
Morris Barbara A Md	Practitioner - Primary Care Provider (PCP)	✓										
Thorn Lisa Marie Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓
Knapp George Sterling Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schnakenberg Eric C Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Pezzulo John Phillip Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fishel Stephen C Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lee Arthur Farren Md Pc	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓
Higgins Elizabeth A Md	Practitioner - Primary Care Provider (PCP)	✓										
Moran Antoinette Collins Rpac	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Justa Shelley Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Ferrando-Ross Pedro I Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fish Douglas G Md	Practitioner - Primary Care Provider (PCP)	✓										



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Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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Costello Kevin B Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Gaylord James Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Fusella Joseph Ii Do	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Ianniello Louis Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Lee Josephine M Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Liporace Ralph L Md	Practitioner - Primary Care Provider (PCP)	✓											
Sacco Joseph P Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Bevilacqua Lisa Rose Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Mckeeon Elisabeth Waterman Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Woods Margaret Mary Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Volfinzon Leonid Medical Pc	Practitioner - Primary Care Provider (PCP)												
Mitkoff Nathan B Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Sipperly Stephen F Do	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Tallman Mark Patrick	Practitioner - Primary Care Provider (PCP)												
Moore Susan Elaine Md	Practitioner - Primary Care Provider (PCP)	✓											
Zabinski-Kramer Kathleen Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Benoit Marcel M Md	Practitioner - Primary Care Provider (PCP)												
Yousuf Asim Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Baghel Ashok Md	Practitioner - Primary Care Provider (PCP)												
Signor Connie J	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Livshits Aleksandr Md	Practitioner - Primary Care Provider (PCP)												
Roche Sean Patrick Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Shustarovich Alla Md Pc	Practitioner - Primary Care Provider (PCP)												
Chava Prabhakar Rao Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Cotugno Steffani Do	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Sirico Theresa A Do	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Diaz Miguel Remigio Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Schynoll Gerald Klaus Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Hawthorne Jami M	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Merkhan Samuel Kabriyel Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Ali Shehzad	Practitioner - Primary Care Provider (PCP)	✓											
Bakst Gary Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Battu Vasantha Kumari	Practitioner - Primary Care Provider (PCP)												
Gerety Gregg F Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Krizar Stephen Lewis Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Parikh Nita S	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	



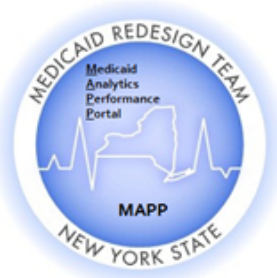
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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Tietgens Sharon T Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Sagar Sushil Md	Practitioner - Primary Care Provider (PCP)												
Brennan Tracey Lynn Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Taneja Sanjay Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Feygin Polina Md	Practitioner - Primary Care Provider (PCP)												
Diaz Alan	Practitioner - Primary Care Provider (PCP)												
Allard Ingrid M Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Chowdary Sunita Kollu Md	Practitioner - Primary Care Provider (PCP)												
Cirenza Emanuel Nicholas Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Paeglow Robert John Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓		✓	✓	✓	✓	
Azad Abul Kazam Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Baldini Gleda P Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Rosales Manuel Ramos Md	Practitioner - Primary Care Provider (PCP)												
O'Brien Joanne Elizabeth	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Kamath Sachin Narsinha Md	Practitioner - Primary Care Provider (PCP)												
Patel Mahendra Ambalal Md	Practitioner - Primary Care Provider (PCP)												
Ramani Ananthakrishnan Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Eldeiry Samer S Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Watsky Jay G Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Lenefsky Ronald I Md	Practitioner - Primary Care Provider (PCP)												
Gebhard Paul E Jr Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Nussbaum Jack Md	Practitioner - Primary Care Provider (PCP)												
Hogan-Moulton Amy E Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bala Virinchi	Practitioner - Primary Care Provider (PCP)	✓	✓						✓	✓		✓	
Donohue Robert	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Wright Stuart B Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Byron Paul Joseph	Practitioner - Primary Care Provider (PCP)												
Alarcon Gabriel Baldomero Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Murphy William Patrick Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Drzymalski Zofia Wanda Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Gandham Vijaya L Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Robie Kristin	Practitioner - Primary Care Provider (PCP)												
Hanley Audra J Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kudria Inna Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Kelleher Ruth Ellen	Practitioner - Primary Care Provider (PCP)	✓			✓		✓			✓	✓		
Lindman Harry David Md	Practitioner - Primary Care Provider (PCP)	✓											



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Pintauro Robert	Practitioner - Primary Care Provider (PCP)												
Murphy Christine M Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Sahgal Sumir P Md	Practitioner - Primary Care Provider (PCP)												
Evans Stephanie B Md	Practitioner - Primary Care Provider (PCP)												
Shetty Tharun	Practitioner - Primary Care Provider (PCP)												
Howard Elizabeth A Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Gaston Shenelle R Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Zimring Debra Carol Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Jacobson Kirsten Elizabeth Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Brueggemann Christina Mchugh	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Mead Daniel H Pa	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Tonneau Benoit Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Ricker Kerry Elizabeth Do	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jorgensen Stephanie E Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Gupta Saaket Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Zhou Peipei Md	Practitioner - Primary Care Provider (PCP)												
Sherwood David Edward Md	Practitioner - Primary Care Provider (PCP)	✓			✓		✓			✓			
Aitken Geri Lynn Do	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
James Philip C Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Johnson Charles A Do	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Cardiel Alexander Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Palmieri Suzanne Do	Practitioner - Primary Care Provider (PCP)	✓											
Domnich Ilya Md	Practitioner - Primary Care Provider (PCP)												
Shulof Jennifer Amy	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Price Darin Michael Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Hunter Philip Raymond Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Pope Ronald James Do	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Karatnycky Adrian Paul Md	Practitioner - Primary Care Provider (PCP)	✓											
Pelnik-Fecko Tricia Ann Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Shur Irina N Md	Practitioner - Primary Care Provider (PCP)												
Wayne Joseph T Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Carrelle Raymond J Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Wise Birute Marija Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Hochster Howard James Md	Practitioner - Primary Care Provider (PCP)												
Lemons Lorraine S Do	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Pribis Anneke B Md	Practitioner - Primary Care Provider (PCP)	✓											



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DSRIP Implementation Plan Project

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Gradner Jill A Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Pierce Jean Catherine Rpa	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Conway Lillian Marie	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Puthuparampil Beulah J Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Dooley Kevin M Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Muller Susan Marie Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Meltz Theresa Ann Rpac	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Giantinoto Salvatore J Do	Practitioner - Primary Care Provider (PCP)												
Eaton Carolyn A Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Natalenko Irina Md	Practitioner - Primary Care Provider (PCP)												
Braungart Carol Fritz	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Braden Diane Beers	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Maheshwari Anil	Practitioner - Primary Care Provider (PCP)												
Greenblatt Michael J Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Seaman Tami Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Santoro Carol Rinko Md	Practitioner - Primary Care Provider (PCP)												
Getzke Nancy L Np	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Chakraborty Ranen Kumar Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Chan Cindy Hoying Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Assevero Anna-Maria D Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Navarro Brian Scott Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Rovere Rena Marie	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Carrasco Andrea Y Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hechanova Arnel B Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Rodriguez-Goodemot Renee B Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Price Marc David Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Borden Eric Charles Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gutnik Igor Md	Practitioner - Primary Care Provider (PCP)												
Cahill Ryan M Do	Practitioner - Primary Care Provider (PCP)												
Janowski Darcy A	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Morse Joyce	Practitioner - Primary Care Provider (PCP)												
O'Loughlin Suzanne	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Olszewski Peter	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Rabbin Linda S	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Santoro Eileen	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Warner Deborah P	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Erlikh Tamara Md	Practitioner - Primary Care Provider (PCP)												
Enzien Ernest M Jr Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
O'Brien Michael F	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Roske Julia H Rpa	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Sgarlata Donna L	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Hyland Maureen Annette	Practitioner - Primary Care Provider (PCP)	✓											
Nicholson Timothy Joseph	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Phelan Carol Beberwyk	Practitioner - Primary Care Provider (PCP)	✓			✓		✓			✓			
Meyer Vincent Edwin Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Malin Julia Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mustafa Marianne A Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Flik Anna Grattan Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Kondo Kathleen	Practitioner - Primary Care Provider (PCP)												
Miller Marilyn	Practitioner - Primary Care Provider (PCP)	✓					✓						
Cleney Holly K Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Gurralla Geetha Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Cleveland Byrd Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Kim Regina Y Md	Practitioner - Primary Care Provider (PCP)	✓											
Bogdanov Assen Petrov Md	Practitioner - Primary Care Provider (PCP)												
Marici Kathleen Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Schottler-Thal Carrin Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Breen Martin Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Haldeman Iii Richard J	Practitioner - Primary Care Provider (PCP)	✓	✓						✓	✓		✓	
Yadegari-Lewis Nasrene Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Brady Helen H	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Murray Amy J	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Aragona Sharon L	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Makavana Jayeshkumar J Md	Practitioner - Primary Care Provider (PCP)												
Gabay Michelle	Practitioner - Primary Care Provider (PCP)												
Mortazavi Shervin Md	Practitioner - Primary Care Provider (PCP)												
Tolentino Rommel M Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Greenblatt Carol Lynn Do	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Mance Joan M	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Martin Kristen Hedger Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Oke Benjamin	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Cossey Jason L	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	



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Lehine Tanya	Practitioner - Primary Care Provider (PCP)	✓											
Santiago Allan Realin Md	Practitioner - Primary Care Provider (PCP)												
Sethi Dinesh Md	Practitioner - Primary Care Provider (PCP)												
Jellinger Robert M Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Berman Jessica Dembitz Md	Practitioner - Primary Care Provider (PCP)	✓			✓	✓	✓	✓		✓	✓	✓	
Campagna Kristine J Do	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Gildersleeve Rebecca Ann Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Shpak Mikhail M Do	Practitioner - Primary Care Provider (PCP)												
Barats Lev Leonidovich Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Lindstrom Jennifer E Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Mcgaffin Christina E	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
D'Avella Wendy K	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Horn Elizabeth C	Practitioner - Primary Care Provider (PCP)	✓											
Irani Danesh S Rpa	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Kamal Syed Anwar Md	Practitioner - Primary Care Provider (PCP)	✓					✓						
Kerr Hamish Alistair Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Hickey Lynn Leitner Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Flanagan Jean Ansari Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pomichter John Stanley Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Compa Kristen Leigh Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Mijovic-Das Snezana Ana H	Practitioner - Primary Care Provider (PCP)	✓											
Sami Arshad Md	Practitioner - Primary Care Provider (PCP)	✓											
Leonidas Leonard Al Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Ludwig Samantha Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Pawlinga Christophe	Practitioner - Primary Care Provider (PCP)	✓											
Clark Melinda Beth Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Steckley Renee E Rpa	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Borrelli Karin	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Janice Prime Care Medical Pc	Practitioner - Primary Care Provider (PCP)												
Hill Linda J Do	Practitioner - Primary Care Provider (PCP)	✓					✓						
Winchester Susan B Np	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Samedov Nikolay Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Stetzer Rebecca	Practitioner - Primary Care Provider (PCP)	✓											
Kucij Lyn Irene Rpa	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Szilak Illya	Practitioner - Primary Care Provider (PCP)	✓											
Sgambati Carl Willard Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



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DSRIP Implementation Plan Project

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Verrico Ivelisse Ann Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Katz Linda G Np	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Broderick Bethany Md	Practitioner - Primary Care Provider (PCP)												
Faroqui Fazal G Do	Practitioner - Primary Care Provider (PCP)												
Burke Michael Kevin Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Owen Claudina	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hobbs Patricia	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Rodden Mary Np	Practitioner - Primary Care Provider (PCP)	✓											
Auld Clara Stringer	Practitioner - Primary Care Provider (PCP)												
Greenfield Country Medicine Pllc	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Osborn Kyle Thomas Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Deckelbaum Scott Howard Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Greenwald Lisa	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Noori Khalid A Md	Practitioner - Primary Care Provider (PCP)												
Wasniewski Holly L Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Kucherina Andrey Md	Practitioner - Primary Care Provider (PCP)												
Vasquez Deborah A Md	Practitioner - Primary Care Provider (PCP)	✓	✓						✓	✓		✓	
Barillas-Arias Lilliana Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Bleser Karen Md	Practitioner - Primary Care Provider (PCP)	✓											
Beauchamp Cara E Rpa	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Raveendranath Brooke A	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Smith Marsha	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Smitas Catherine Malone Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Lahtinen-Aley Kristina Marie Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Neubert Stefanie S	Practitioner - Primary Care Provider (PCP)	✓											
Doyle Robin M Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Butterfield Rebecca C Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Dougherty Katherine	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Noyes Kimberly	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Dhanani Rahim Md	Practitioner - Primary Care Provider (PCP)	✓											
Eldredge Daniel	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Stetzer Lee	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Salimah Dhanani Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Craig Maier	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Elguero Carlos	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Mack Brigid	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	



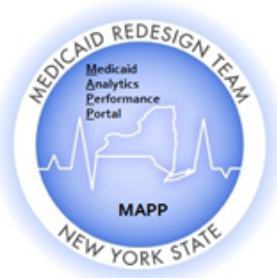
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Marshall Ryan	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Culp Anita	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Gabree Samara	Practitioner - Primary Care Provider (PCP)	✓											
Rosenbaum Elena	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Gardner Nathan James Rpa	Practitioner - Primary Care Provider (PCP)	✓											
Monserrate Nicole Marie Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Norton Neal David Jr Rpa	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Orlovskiy Aleksandr Md	Practitioner - Primary Care Provider (PCP)												
Saxena Amit K Md	Practitioner - Primary Care Provider (PCP)												
Vollmer Kelly J	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Rimmer Linda Marie Gawronski	Practitioner - Primary Care Provider (PCP)												
De Waal Malefyt Stephen Karel Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Patel Umesh	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Abigail R Watson	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Shpitalnik Larisa	Practitioner - Primary Care Provider (PCP)												
Locke Elizabeth Anne Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Chasin Zacharias	Practitioner - Primary Care Provider (PCP)	✓											
Emily Knuth	Practitioner - Primary Care Provider (PCP)	✓											
Barry Kelli Ann	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Mekosh Susan Lynn	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Cerone Jennifer Rebecca Boden	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Shukurova Zukhra	Practitioner - Primary Care Provider (PCP)												
Omeara Shannon Lauren	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Parker Dawne Louise	Practitioner - Primary Care Provider (PCP)	✓											
Denny Martin	Practitioner - Primary Care Provider (PCP)												
Brilliant Rachelle I	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Kanthal Marissa Loren	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Brown Sheryl	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Obeid Leila Ann	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Gowdara Divakara Murthy Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Saha Manish	Practitioner - Primary Care Provider (PCP)	✓											
Alin Avi	Practitioner - Primary Care Provider (PCP)	✓											
Hart Ashley Rose	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rutter Ann	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Guptill Gloria G	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Cohen Erik	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	



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Dvorscak Amanda Jayne	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Ordogh Debbie	Practitioner - Primary Care Provider (PCP)	✓											
Iqbal Adeel Azmat	Practitioner - Primary Care Provider (PCP)												
Reed Monica Renee	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Lynch Meghan Margaret Jude	Practitioner - Primary Care Provider (PCP)												
Besong Alice	Practitioner - Primary Care Provider (PCP)	✓											
Shin Joong	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Matta Mandeep	Practitioner - Primary Care Provider (PCP)	✓											
Clark Catherine Nielsen	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Lauren T Siy	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Mallapu Shravan K	Practitioner - Primary Care Provider (PCP)												
Stephanie Noyes	Practitioner - Primary Care Provider (PCP)	✓											
Valerie Thomas	Practitioner - Primary Care Provider (PCP)	✓											
Rodriguez-Iglesias Realba	Practitioner - Primary Care Provider (PCP)												
Cieszynski Veronica Eileen	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Mondelo Doreen Perez	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	✓
Montelone Kimberly Ann Np	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Searfoss Linda A	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Borden Jennifer Lynn	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sazon Alexandr	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Jeannie Ngygen	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Wilkinson Sarah Jane	Practitioner - Primary Care Provider (PCP)	✓											
Snyder Ilona	Practitioner - Primary Care Provider (PCP)	✓											
Nagle Henry Alexander	Practitioner - Primary Care Provider (PCP)	✓											
Colman David Lawrence	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Clark Kristina Marie	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Nemith Lindsay Mumford	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓	✓	✓	✓	✓	✓
Dumrese Danielle Lee	Practitioner - Primary Care Provider (PCP)												
Tumuluri Srilaxmi	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Ditursi Mary Kathleen Williams	Practitioner - Primary Care Provider (PCP)	✓			✓		✓			✓	✓	✓	
Mary Patricia Shierly	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Blatz Sarah J Pa	Practitioner - Primary Care Provider (PCP)	✓	✓						✓	✓		✓	
Dibble Colleen M	Practitioner - Primary Care Provider (PCP)	✓											
Maddalena Amy Elizabeth	Practitioner - Primary Care Provider (PCP)	✓											
Lawson Jessica L	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Krass Jessica A	Practitioner - Primary Care Provider (PCP)	✓											



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Samuel Jency Thomas	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Morgan Lacey Elizabeth	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Hennessy Elisa	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Rizzuto Michael J	Practitioner - Primary Care Provider (PCP)	✓											
Vachon Cary Ian	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Rose Jennifer	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Robinson Kristen	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Van Amburgh Marilyn	Practitioner - Primary Care Provider (PCP)	✓											
Millea Kerry	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Shrinkhla Agrawal	Practitioner - Primary Care Provider (PCP)	✓											
Rodriguez-Jaquez Carlos R	Practitioner - Primary Care Provider (PCP)												
Bednarek Rebecca S	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tatagari Jayasree	Practitioner - Primary Care Provider (PCP)												
Farrell Claudia Sales	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Raggs Hope G	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Henson Jennifer T	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Russell Jennifer Brooke	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Light Deborah I	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Chan York Sing	Practitioner - Primary Care Provider (PCP)												
Bourne Claudianus H	Practitioner - Primary Care Provider (PCP)												
Quinn Barbara Hunter	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Fraser Fayanne Maria	Practitioner - Primary Care Provider (PCP)												
Sazon Tatiana	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Muhammad Rahshon	Practitioner - Primary Care Provider (PCP)												
Betancourt Nicole	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Steckman David	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Larsen Douglas P	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Diamond Courtney Beth	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Newton Scott	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Goldsmith Christina Marie	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Martin Jill	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Mifsud Mindy	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Manjunath Kallanna Md	Practitioner - Primary Care Provider (PCP)	✓	✓						✓	✓		✓	
Morgan Ayman Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Reider Jacob Michael Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Friedrich Marcus Edmond	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

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Denovio Bradley M Rpac	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Graney Sheela Md	Practitioner - Primary Care Provider (PCP)	✓			✓		✓			✓			
Dykstra Todd Bryan Rpa	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Madala Padmaja Md	Practitioner - Primary Care Provider (PCP)	✓	✓						✓	✓		✓	
Perez Leah A	Practitioner - Primary Care Provider (PCP)												
Dollard Michael Anthony	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Delamater Jeffrey T	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Schneider Nicole Marie	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Glick Cheryl M	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Barraclough Nancy L Np	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ernst Cheryl Elaine	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Downey Kathleen Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Navarette Kristen Alexandra	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Chaudhary Shawn Ahmad	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Larner Virginia Blake Rpa	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Spindler John B Rpa	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Matott Heather Melissa	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Lehine Guy Daniel Md Faap	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Doro Kristienna Martin	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Santoro Deanna	Practitioner - Primary Care Provider (PCP)												
Tera N Hetrick-Platte Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Vitale Alex Nathaniel	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Gomez-Di Cesare Caroline M Md	Practitioner - Primary Care Provider (PCP)	✓	✓						✓	✓		✓	
West-Brown Janet	Practitioner - Primary Care Provider (PCP)	✓	✓						✓	✓		✓	
Potratz Meagan A	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Sheaffer Margaret A	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Mack Kristin Lake	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Merriman Joann	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Mckinney Sue Peterson Rpa	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Ismail Mohammed Md	Practitioner - Primary Care Provider (PCP)	✓					✓						
Pride Boone Janice Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓		✓	✓	✓	✓	
Martorana Sebastian Vincent	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Schumacher Thomas C Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Livolsi Laruen L	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Jain Rajinder Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Mcgarry Karen A Rpa	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Torre Jenny Ann	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Gelfman Rachel Dawn	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Flynn Dedra Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Caiazza Margaret	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Brasch Mary L Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Petraccione Lisa F Rpa	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Sheehan Rebecca	Practitioner - Primary Care Provider (PCP)	✓	✓						✓	✓		✓	
Campbell Kathleen Kissane Rpa	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Dunne Christa Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Stein Rhonda Danielle Md	Practitioner - Primary Care Provider (PCP)	✓	✓						✓	✓		✓	
Kasarda Karen Marie Rpa	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Woodruff Barbara A Rpa	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Buhlinger Christine A Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Nguyen Hung Dinh Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Saunders Patricia V Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓		✓	✓	✓	✓	
Karyn Marie Hughes	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Brennan-Jordan Nancy	Practitioner - Primary Care Provider (PCP)	✓	✓						✓	✓		✓	
Ethier Gloria	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hildreth Deborah A Rpa	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Parent Colleen E Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Lemanski Paul Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Vaidy Nishant Dr.	Practitioner - Primary Care Provider (PCP)												
Kumar Arbind Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Trapp Joseph J	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Betit Alan	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Bossolini Marybeth M	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Chauvin Rebecca L	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Jacobs-Friedman Alon B	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Clemente Kimberly	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Devine Maria Kansas	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Bellin Joyce Lea Pa	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Pachucki Kevin Christopher Rpa	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Mccarty Kaitlin Elizabeth	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Wales Danielle Patricia	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Young Linda	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Michelena Karen X	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



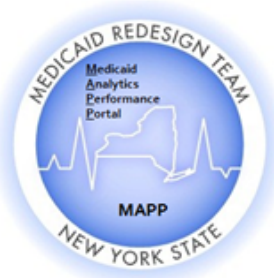
**New York State Department Of Health
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DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

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Ronan Alisha Lynn	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Saluja Ravinder Kaur Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Guice Stephanie M	Practitioner - Primary Care Provider (PCP)	✓			✓		✓			✓			
Sharma Chandra M Md	Practitioner - Non-Primary Care Provider (PCP)												
Tan Alfonso Md	Practitioner - Non-Primary Care Provider (PCP)												
Greenman Lawrence A Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Gottlieb Howard P Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Ford Jockular B Pc Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Shapshay Stanley M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Fox John M Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lasky Charles W Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Boczko Stanley H Md	Practitioner - Non-Primary Care Provider (PCP)												
Spooner Eric W Md	Practitioner - Non-Primary Care Provider (PCP)												
Shamoun Jack Elie Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Macdowell Richard Taylor Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Parnes Steven M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Hillinger Stephen Md Md	Practitioner - Non-Primary Care Provider (PCP)												
Rivard Donald J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Tassinari Robin Baker Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Fisher Hugh A G Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Silvers Stewart A Md	Practitioner - Non-Primary Care Provider (PCP)												
Lepow Martha L Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Jolly George A Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Madeb Isaac Md	Practitioner - Non-Primary Care Provider (PCP)												
Khoury Nidal Y Md	Practitioner - Non-Primary Care Provider (PCP)												
Finger W Edward Jr Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Shuster David Dpm	Practitioner - Non-Primary Care Provider (PCP)												
Kosinski Norbert Dpm	Practitioner - Non-Primary Care Provider (PCP)												
Rosenberg Stuart A Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Steinberg Mitchell Lee Dpm Pc	Practitioner - Non-Primary Care Provider (PCP)												
Lee Joong Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Trickey David L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Quinn Brian O Malley Pc Md	Practitioner - Non-Primary Care Provider (PCP)												
Naveh Marcia Spiegel Md	Practitioner - Non-Primary Care Provider (PCP)												
Menzel Charles H Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Gay Royal Md	Practitioner - Non-Primary Care Provider (PCP)												



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Miller Nelson L Md	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓	✓				✓		
Grubs Adrian Md	Practitioner - Non-Primary Care Provider (PCP)												
Roberts Kevin Wilson Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Toussaint Jon T Md	Practitioner - Non-Primary Care Provider (PCP)												
Edmond James A Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Nepo Anne G Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Kercull Robert George Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mika Philip J Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Waldman John B Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Mitchell Robert Alexander Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Pinheiro Steven Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Krakower Leon A	Practitioner - Non-Primary Care Provider (PCP)	✓											
Hena Muhammad A Pc Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Silver Steven M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Clark David A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Kaplan Mitchel A Md	Practitioner - Non-Primary Care Provider (PCP)												
Irwin Robert W Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gines Annie I Dpm	Practitioner - Non-Primary Care Provider (PCP)												
Packard R Andrew Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Pietrocola Donna M Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Shah Dhiraj M Md	Practitioner - Non-Primary Care Provider (PCP)												
Bakhru Usha H Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Minoff Richard Dds	Practitioner - Non-Primary Care Provider (PCP)												
Valero Maximo B Jr Md	Practitioner - Non-Primary Care Provider (PCP)												
Scherer Harvey D	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Lozman Jeffrey Md	Practitioner - Non-Primary Care Provider (PCP)												
Purcell Peter F Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Jacobs Fred I Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Herlihy Kevin J Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bonura Frank Salvatore Md	Practitioner - Non-Primary Care Provider (PCP)												
Del Giacco Desmond Rudolph Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Perl Lawrence Mark Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Greene Elliott Stephen Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Fein Steven Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Ells Peter Francis Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Silk Paul R Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Brodsky Stephen Md	Practitioner - Non-Primary Care Provider (PCP)											
John W Simon Md Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Henry Clarence Bruce Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Ostrov Arthur H Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kolahifar Jafar Md	Practitioner - Non-Primary Care Provider (PCP)											
Rauch Alan Edward Md	Practitioner - Non-Primary Care Provider (PCP)											
Betzhold James John Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Schoenfeld Barton Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Shapiro Lee S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hughes Richard A Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Balter Richard R Md	Practitioner - Non-Primary Care Provider (PCP)											
Paddock Bradley H Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zimmerman Earl A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Collens Richard Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dinovis James Paul Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Beer Ruth Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Mchesney James D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Yeaton Howard Lance Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rizzo Vito Joseph Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Bruce Melody A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Caldwell Samuel Smith Md	Practitioner - Non-Primary Care Provider (PCP)											
Melbourne John Md	Practitioner - Non-Primary Care Provider (PCP)											
Czajka John Md	Practitioner - Non-Primary Care Provider (PCP)											
Pozniakas James T Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Koeppen Arnulf Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Scotti Lorenzo Louis Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Hendrick William Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Miller Richard G Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Friedman Simon Harold Md	Practitioner - Non-Primary Care Provider (PCP)											
Francomano Thomas John Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lefkovits Andrew Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Baran Andrij Ostap Dimitry Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Garbo Lawrence E Md	Practitioner - Non-Primary Care Provider (PCP)											
Weissbart Clyde H Md	Practitioner - Non-Primary Care Provider (PCP)											
Wolfson Mitchell Md	Practitioner - Non-Primary Care Provider (PCP)											
Horgan Michael Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Washington Ronald A Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Bennett Edward V Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Putnam David L Md	Practitioner - Non-Primary Care Provider (PCP)											
Starkman Marjorie E Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Donovan Glenn J Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Vinciguerra Timothy J Pc Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Eames Frederick Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Kolber Bryan R Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Bannon John David Md	Practitioner - Non-Primary Care Provider (PCP)											
Otto James J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Patterson Norman W Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Itenberg Alexander Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Phelps Carlton Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Goodman Thomas L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Groudine Scott Bradley Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Sandler Steven Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Lang Christine M Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Elacqua Mary S	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Atkins Carl D Md	Practitioner - Non-Primary Care Provider (PCP)											
Parikh Shirish Jayant Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Gill Tarig N Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Zuravicky Igal Md	Practitioner - Non-Primary Care Provider (PCP)											
Bloomfield Naomi Terry Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Chen Ying-Jen Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Michalek Ann V Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Tyler Ira M Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wharton Seth W Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jaffe Joshua Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Digiovanni Louis A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Czajka Ellen M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Edge Walter E Ii Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Forrest George P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Eisele George Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kahn Judith Eve	Practitioner - Non-Primary Care Provider (PCP)											
Barnert David M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Woodhouse Richard Phd	Practitioner - Non-Primary Care Provider (PCP)											



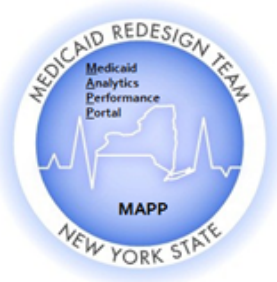
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

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Mayer Dan Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Semenoff David L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Bentrovato Donald A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Puranik Arun Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Pearce Jennifer M Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Depan Harry J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Saratoga Ear & Sinus Surgery	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Finn Daniel Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Phillips Roland Turner Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Posada Jose Gonzalez Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kuehler David H Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Carl Allen L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Persaud Vyas Durga Md	Practitioner - Non-Primary Care Provider (PCP)											
Blass Joel Mitchell Md	Practitioner - Non-Primary Care Provider (PCP)											
Maben Wayne Charles Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Pearlstein Gary E Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Chalmers Paul Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hughes Peter M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Krugley Richard A Md	Practitioner - Non-Primary Care Provider (PCP)											
Maisel Barry Oscar Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wagle William Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Britton Lewis W Iii Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Paul Jeffrey Thomas Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sacco Joseph D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Malamood Howard Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rosen Jonathan M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Heasley Paul Edward Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chang Benjamin B Md	Practitioner - Non-Primary Care Provider (PCP)											
Tristram Debra A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Whipple Richard Raybold Md	Practitioner - Non-Primary Care Provider (PCP)											
Fuchs Marc D Md	Practitioner - Non-Primary Care Provider (PCP)											
Boyar George Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Basile Dominick Md	Practitioner - Non-Primary Care Provider (PCP)											
Dellolio Joseph Anthony Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Smith Thomas Clinton Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kaslovsky Robert A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
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Walsh Raymond Francis Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Dolph James L Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Elmendorf Sarah Louise Md	Practitioner - Non-Primary Care Provider (PCP)												
Papandrea Louis M Md	Practitioner - Non-Primary Care Provider (PCP)												
Fein Lawrence Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Scialabba Fred P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Sanchez Javier Luis Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Cagino Anthony John Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Hughes Robert John Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Boxt Lawrence M Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Snyder Howard Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Mcerlean Mara Ann Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Subudhi Manoj Kumar Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Lamparello Peter X Md	Practitioner - Non-Primary Care Provider (PCP)												
Laity Sandra Ann Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓						✓	✓		✓	✓
Morere Donald R Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Palat David S Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Griffith Richard L Iii Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Campito Mitchel A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Karo Ronald Solomon Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lafleur Carolyn Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Roth Malcolm Z Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Pinheiro Joaquim Manuel B Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Clinton Henry Louis Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Harnick Robert Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Amyot Edmond Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hollowell Jean Gaye Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Socaris Sophia Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Scroggins Sandra Rae Md	Practitioner - Non-Primary Care Provider (PCP)												
Atalay Hasan Nail Md	Practitioner - Non-Primary Care Provider (PCP)												
Kennedy Thomas M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Furci Thomas James Dpm	Practitioner - Non-Primary Care Provider (PCP)												
Schoen Fredric S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Gerber Allen Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Fritz Howard Philip Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Adsit Mark G Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Burdick Jeffrey J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Ritaccio Anthony Louis Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Constantino Jorge Lucas Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
De Vito Michael A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cummings James J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Alfred Richard H Md	Practitioner - Non-Primary Care Provider (PCP)												
Valentine Elizabeth A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Brooks Timothy Alan Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Koren David Joel Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jagoda Albert G Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Goldstein Elsa Teresa Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Yarinsky Steven Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ying Rodney Lloyd Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Alderisio William George Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Kapuscinska Barbara Md	Practitioner - Non-Primary Care Provider (PCP)												
Macina Andrew Md	Practitioner - Non-Primary Care Provider (PCP)												
Tobin Ellis H Md	Practitioner - Non-Primary Care Provider (PCP)												
Desimone Cheryl Ann Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Robinson Lawrence W Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Conti David J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Sarchino William J Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gudesblatt Mark Md	Practitioner - Non-Primary Care Provider (PCP)												
Ford Patricia Ann Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Menge Paul E Md	Practitioner - Non-Primary Care Provider (PCP)												
Sandison Michael RI Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Beer Paul Marius Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Philbin Edward F Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Marcus Dennis Carl Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Miller Stuart J Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Esposito Russell J Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Roberts Maureen E Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fisher Marilyn Ann Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Coombs Kenneth E Dpm	Practitioner - Non-Primary Care Provider (PCP)												
Ross Jeffrey S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Hedderman Robert Joseph Md	Practitioner - Non-Primary Care Provider (PCP)												
Hosannah Hilton O li Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
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Bernstein Michael Paul Md	Practitioner - Non-Primary Care Provider (PCP)											
Uhl Richard L Md	Practitioner - Non-Primary Care Provider (PCP)											
Meyer Dale R Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Storey James R Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Samelson Renee Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Dudek Joseph J Md	Practitioner - Non-Primary Care Provider (PCP)											
Alger-Mayer Sharon A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Parmar Vinodrai Motilal Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bartfield Joel M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Dubin Andrew Md	Practitioner - Non-Primary Care Provider (PCP)											
Amin Hiral Natwarlal Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Khullar Anil Kumar Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Saunders Richard A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kandath David D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Camp Rodney L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Heysler Rebecca A Np	Practitioner - Non-Primary Care Provider (PCP)	✓										
Yarze Joseph C Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fisher William Thomas Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wilbourn Shelby L Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mathews John Francis Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Smith Vivienne E Md	Practitioner - Non-Primary Care Provider (PCP)											
Frank Alex Harris Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Carino Aurora L Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Darling Ralph C Iii Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Argoff Charles E Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kuettel Thomas J Md	Practitioner - Non-Primary Care Provider (PCP)											
Delago Augustin J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Byrt William T Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cavaliere Ludovico F R Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Willen Michael A Md	Practitioner - Non-Primary Care Provider (PCP)											
Quinn David Edwin Md	Practitioner - Non-Primary Care Provider (PCP)											
Mitchell Barry W Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cole Peter Ramon Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Schick Karen Wynne Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Jacobson Sig-Linda Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Galati James Edward Dds	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Python John Patrick Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Andriakos Peter George Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Romer Richard Alan Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Weiss Robin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Ravitz Stephen B Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Brownell Donald N	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Leinung Matthew C Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bartholomew Catherine R Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kaufman Ronald P Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Nijjar Gurkirpal S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓						✓	✓		✓
Bruce Victor G	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Militar Epifanio Iguidez Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Triner Wayne R Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Larosa Joseph M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Starnes Hal Fletcher Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mchugh Brian Anthony Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Glaser Lewis A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Desai Nimesh Shashikant Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dweck Laurie Jo	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ayre Harvey Brandon Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Verra Mark A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Daly Pamela Lynn Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Morley John N Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Luidens Mary K Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Higgins Donald S Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lackey Mary Michele	Practitioner - Non-Primary Care Provider (PCP)											
Berkowitz Richard	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Knoeller Amy Eileen Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Esper Daniel William Md	Practitioner - Non-Primary Care Provider (PCP)											
King Charles Christopher Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Sussman Daniel L Md	Practitioner - Non-Primary Care Provider (PCP)											
Demarco Linda C Md	Practitioner - Non-Primary Care Provider (PCP)											
Molho Eric Steven Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Yocono Mark A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Pike Denning Vanessa L Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Salama Meir Md	Practitioner - Non-Primary Care Provider (PCP)											



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
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Roberts Craig Edward Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Verdini John Patrick Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Jones Richard Eaton Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Schaffer Hal K E Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Card Harold George Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hart David Ernest Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Gujral Maninder S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Zobal-Ratner Jitka Ludmila	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Davison Edwin Allen Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Patel Shailesh Rasiklal Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Rios Angel Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Mitchell I Weinstein Do Pc	Practitioner - Non-Primary Care Provider (PCP)												
Porter Joanne C Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Kesner Rubin Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kircher Mark Taylor Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Pinto Gregory L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Boenau Ioliene Beth Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hellman Lance I Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Melamed Daniel E Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Vinh Phuong Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Gibbons Susan K Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Furst Branko Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Hazen Gordon Rpac	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Yee Lily Fong Cho Md	Practitioner - Non-Primary Care Provider (PCP)												
O'Leary Anthony M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Kelty Robert Walter Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Greenberg Clifford A Md	Practitioner - Non-Primary Care Provider (PCP)												
Chu Alan L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Tranchese John	Practitioner - Non-Primary Care Provider (PCP)												
Kredentser Daniel C Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Michailides-Townsend Sally M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Simon Elisabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Paty Philip S K	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Landy Robert Jay Dpm	Practitioner - Non-Primary Care Provider (PCP)												
Mastrianni David M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rangwala Sakina Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

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Hoover Eric Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Stern Jeffrey H Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Alley R Maxwell Md	Practitioner - Non-Primary Care Provider (PCP)												
Sanders Alan M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Millar Robert David Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Nichter Charles A Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Ortiz Gordon Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sonn James Jin Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kuhar Gordon N Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hospodar Paul Peter Md	Practitioner - Non-Primary Care Provider (PCP)												
Mason Appleton Adams Iii	Practitioner - Non-Primary Care Provider (PCP)	✓											
Spirig Andreas M Md	Practitioner - Non-Primary Care Provider (PCP)												
Riddick Linda M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Weaver Susan Adele Md	Practitioner - Non-Primary Care Provider (PCP)												
Singh Tejinder P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Mccullough Andrew Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Bock Katja Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Samuels Sharon B Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Robertson Richard C	Practitioner - Non-Primary Care Provider (PCP)	✓											
Chaudhry Sanjay Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jacobs Hugh Frederic Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mongiovi Russell J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Senick Joyce M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Oconnor William Walter Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lee Edward Choongho Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Syed Zainul-Abideen Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Dexter Martha Evelyn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Bock Devon E Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ravi Natarajan Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Cutler Amos B Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Astruc Manuel Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Deblock Heidi Frutchy Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Kanaan Camille M Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Lucas Judith Anne Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Plotkin Richard Eric Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Gupta Vinod Kumar Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
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Jameson Gerardus L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Holcomb Alvin D Md	Practitioner - Non-Primary Care Provider (PCP)											
Siskin Gary P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Contractor Salim G Md	Practitioner - Non-Primary Care Provider (PCP)											
Ribons Lisa Ann Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Weidner Mark H Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wymer James P Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cosgrove Ellen F Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Decunzo Louis Peter Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kreienberg Paul Boyd Md	Practitioner - Non-Primary Care Provider (PCP)											
Hoffert Eugene Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
James Ronald M	Practitioner - Non-Primary Care Provider (PCP)	✓										
Morawski John L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Qualtere-Burcher Paul D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Alagna Paul G Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lechowicz Andrzej Jan Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kanwar Vikramjit S Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Desemone James Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Gupta Vinita Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Mendola Antony J Md	Practitioner - Non-Primary Care Provider (PCP)											
Diana Mary G Md	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓		✓	✓
Kimble David Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kufs William Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Berry Wendy J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Northrup Patricia Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Cheney Robert Alan Md	Practitioner - Non-Primary Care Provider (PCP)											
Mane Archana Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Bernardini Gary Leo Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Millett Jeanne Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kirkpatrick Douglas Peter	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tai Muhammad Siddique Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Velvis Harmannus Md	Practitioner - Non-Primary Care Provider (PCP)											
Herr Allen Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Thibodeau Lorraine G Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Rosati Carl	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Boguniewicz Anna B	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Carlson John A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Gillen Robert W Phd	Practitioner - Non-Primary Care Provider (PCP)	✓											
Jennings Timothy A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Nazeer Tipu	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Padi Madhu	Practitioner - Non-Primary Care Provider (PCP)												
Roldan Ernesto	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓	
Shif Mark Md	Practitioner - Non-Primary Care Provider (PCP)												
Chang Theodore Tuan Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kiehl Anita Md	Practitioner - Non-Primary Care Provider (PCP)												
Celestin Jocelyn Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Scialdone Claude Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Birnbaum Eliot L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Taccad-Reyes Sandra Carlos Md	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Conley Thomas Eugene Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Aronson Cynthia L Csw	Practitioner - Non-Primary Care Provider (PCP)	✓											
Greenspan James Scott Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Santella Donald Richard Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Schneider James Michael Md	Practitioner - Non-Primary Care Provider (PCP)												
Winseman Jeffrey Scott Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Napoli Michael A Dpm	Practitioner - Non-Primary Care Provider (PCP)												
Ares Carlos Alfredo Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Caracandas John E Md	Practitioner - Non-Primary Care Provider (PCP)												
Sai B Gandham Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Kogan Barry Allan Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Shapiro Fred Md	Practitioner - Non-Primary Care Provider (PCP)												
Damore Dorothy Taylor	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Copeland Terese Agnes Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Corbin Jeffrey S Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Beegle Scott H Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Cohen Aaron Howard Md	Practitioner - Non-Primary Care Provider (PCP)												
Kabir Mohammad Humayun Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓						
Kondo Nicholas Ivan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kamenir Steven A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dearth Christine Cillis Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Capek Lucie Md Pllc	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Goyer Richard Paul Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓						✓	✓		✓	



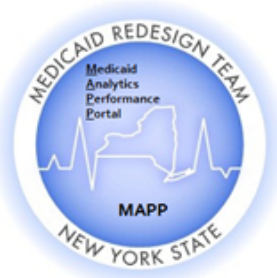
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Bovee Norman	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kolodziej Michael A Md	Practitioner - Non-Primary Care Provider (PCP)												
Resta Regina Md	Practitioner - Non-Primary Care Provider (PCP)												
Daley Lisa M Md	Practitioner - Non-Primary Care Provider (PCP)												
De Lair Paula Crehan	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Shaw Patricia Ahern	Practitioner - Non-Primary Care Provider (PCP)	✓											
Towner Robert A Md	Practitioner - Non-Primary Care Provider (PCP)												
Beesley Bruce A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Czerwinski Maria H Md	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓	✓				✓		
O'Brien James Joseph Md	Practitioner - Non-Primary Care Provider (PCP)												
Dexter Scott C Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Block-Galarza Jessie A Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Bourke Diane A Md	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Folger Walter H Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Buhac John Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ogbuji Princewill O Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Ehrenberg Eileen	Practitioner - Non-Primary Care Provider (PCP)	✓											
Benton Robert E Md	Practitioner - Non-Primary Care Provider (PCP)												
Morris Robert Scott	Practitioner - Non-Primary Care Provider (PCP)												
Shah Parag S Md	Practitioner - Non-Primary Care Provider (PCP)												
Oberg Gary David	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hajar Marilyn	Practitioner - Non-Primary Care Provider (PCP)												
Litynski James	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Goldenberg Kelly A Cnm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kumar Raman Md	Practitioner - Non-Primary Care Provider (PCP)												
Levine Carolyn Robbins	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Ross Donald Md	Practitioner - Non-Primary Care Provider (PCP)												
Kulkarni Subash	Practitioner - Non-Primary Care Provider (PCP)												
Inghilterra Karen	Practitioner - Non-Primary Care Provider (PCP)												
D Robbins Podiatry Pc	Practitioner - Non-Primary Care Provider (PCP)												
Baker Kenneth J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓						✓	✓		✓	
Galati Lisa T Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Ostrowski Kathleen Lanka	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Khalak Rubia Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Zackon Ira L Md	Practitioner - Non-Primary Care Provider (PCP)												
Wu Nini Choun-Yi Md	Practitioner - Non-Primary Care Provider (PCP)												



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
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White Mark Donald Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Chandler Arthur C Iii Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Listman James A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Meyer Daniel	Practitioner - Non-Primary Care Provider (PCP)											
Lau Kevin Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Marici Edward M Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Stam Katherine L Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Buhac Jean C	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dawkins Earl Anthony Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Jacob Rana B Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Lahut Barbara K	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Qian Jiang Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Flamer Harold E Md	Practitioner - Non-Primary Care Provider (PCP)											
Sheeley Donald	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Laguerre Julius J	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bulford Lionel A Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
De Filippo Jennifer L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lundberg Lori A Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jorgensen Todd Robert Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Smith Peter Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Shapiro Mikhail Do	Practitioner - Non-Primary Care Provider (PCP)											
Jafri Mokarram H Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nichols Mary Kay	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Deporto Robert Do	Practitioner - Non-Primary Care Provider (PCP)											
Reed-Esper Sarah Nicole	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Dunn Elizabeth Mary	Practitioner - Non-Primary Care Provider (PCP)											
Doyle Melissa M Csw	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Tietjen John Charles Jr	Practitioner - Non-Primary Care Provider (PCP)	✓										
Venditti Ferdinand Joseph Jr	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Morris Adrian Anthony Md	Practitioner - Non-Primary Care Provider (PCP)											
Palmieri Philip J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chase Michael P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Khan Tabassum Y Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wurl Derrick R Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nardacci Elizabeth Anne	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tier Beatrice Louise	Practitioner - Non-Primary Care Provider (PCP)											



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

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Ng Bernard	Practitioner - Non-Primary Care Provider (PCP)	✓										
Peters Robert Lcsw	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓			✓	✓
Soscia Gina Lcsw	Practitioner - Non-Primary Care Provider (PCP)											
Toole Nancy E Lcsw	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓			✓	✓
Brasch Robert C Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Phelan John Thomas Ii	Practitioner - Non-Primary Care Provider (PCP)											
Bell Joseph William	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cameron Jeffrey Stuart Pa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓						✓	✓		✓
Mcpadden Marion C Cnm	Practitioner - Non-Primary Care Provider (PCP)											
Lenihan Michael William Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Murnane Matthew J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Schweitzer Frances Robyn Phd	Practitioner - Non-Primary Care Provider (PCP)											
Funk Deborah Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Falk Arthur N Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gleason Mary Kathryn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Klim Kathleen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓			✓	✓
Wang Qiong Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Smith-Booth Brenda Karen	Practitioner - Non-Primary Care Provider (PCP)											
Boulos Maria Theresa Bajas Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Munshi Upender Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Comber Paul Gerald Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Slatch Carolyn Jean Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Roddy Sean Peter Md	Practitioner - Non-Primary Care Provider (PCP)											
Sternbach Yaron Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bown Melissa Ann	Practitioner - Non-Primary Care Provider (PCP)	✓										
Das Shankar Md	Practitioner - Non-Primary Care Provider (PCP)											
Macdermott Richard Pratt Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Duthaler Todd Douglass Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dirisio Darryl John Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Robinson M Brigit Np	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Ceballos Jeanne Forziat	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Flood Christopher Daniel Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Valliere Julie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Rodriguez-Tellez Jamie	Practitioner - Non-Primary Care Provider (PCP)											
Morelli Amy M Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ehlers Mary Ellen Md	Practitioner - Non-Primary Care Provider (PCP)	✓										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Crnkovic Anica Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Prime Donna Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Youngelman Debbie F Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Norton Mary Alice	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Mitchell Nancy Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Hansel Lori Csw	Practitioner - Non-Primary Care Provider (PCP)	✓										
Onghai Benson Go Md	Practitioner - Non-Primary Care Provider (PCP)											
Cox Lorraine Renee	Practitioner - Non-Primary Care Provider (PCP)	✓										
Laddis Theodoros Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Clark Donald Robert Pt	Practitioner - Non-Primary Care Provider (PCP)	✓										
Poli Kim Ann Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Fear Philip J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Romero Jenny Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gray Robin Mary	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Mcconnell Theresa Marie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Papaleo Rafael Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Richter Seth Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Mckenna Dennis Patrick Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Pyle Bert William Iii Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pasha Muhammad Asghar Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Hinerman Rachel Sue Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Devejian Neil S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Dawodu Segun Toyin	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sama Jalin Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Thompson Dan Ralph Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ozsvath Kathleen Md	Practitioner - Non-Primary Care Provider (PCP)											
Pradhan Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓						✓	✓		✓
Goslin Robert H Md	Practitioner - Non-Primary Care Provider (PCP)											
Ehlers Melissa Anne Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Goldman Rosemary Brezbrodica	Practitioner - Non-Primary Care Provider (PCP)	✓										
Andrejuk Tomasz Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Saqib Najmus Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Santoro Ian Heberd Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Silver George E Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Brodsky Laura F	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Swensen Keith	Practitioner - Non-Primary Care Provider (PCP)	✓										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Curtin William Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Geci-Black Michael	Practitioner - Non-Primary Care Provider (PCP)	✓											
Doyle Todd Harrison Md	Practitioner - Non-Primary Care Provider (PCP)												
Mouzakes Jason Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Bauer William M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mehta Manish Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Asher Shellie Lynn Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Wilkins Lance Julius Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hutton Jennifer Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Mian Badar Munir Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Dailey Michael Winter Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Di Preta John A Md	Practitioner - Non-Primary Care Provider (PCP)												
Spektor Boris Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Jorgensen Shawn P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Espey Kathleen Ann	Practitioner - Non-Primary Care Provider (PCP)	✓											
Garcia Juan Carlos Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Raj Capoor	Practitioner - Non-Primary Care Provider (PCP)												
Dempsey Stephen J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mandato Kenneth Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Hopkins Patricia M Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Torosoff Mikhail T Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Goldberg Barry Stuart Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lingat Marie Cheryl P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
May Doreen T Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓											
Emmons George Dpm	Practitioner - Non-Primary Care Provider (PCP)												
Marsh Patricia L Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Basavaraju Nerlige G	Practitioner - Non-Primary Care Provider (PCP)												
Achar Naveen Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tobolsky Shimon Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Fabre Lynn D	Practitioner - Non-Primary Care Provider (PCP)												
Wohlfahrt Kristine Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Albright Lauren Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Dittes Paul	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pauze Denis Robert	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Wood Colleen T Np	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Whyte Mary C Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Giramonti Karla Michelle	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Catania Lucien D Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Nikiforov Konstantin Md	Practitioner - Non-Primary Care Provider (PCP)												
Field William Edward Ii Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Artino Lisa M	Practitioner - Non-Primary Care Provider (PCP)	✓											
Dorflinger Joseph Lcsw	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Murray Brian P	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Barba Anne Lauren Phd	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Sparano Antonio Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Prasad Manju Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Siebeneck Aaron J Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
McGovern Christine Elizabeth Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓											
Hassett Stephen G Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Pani Saroj Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Bayoumy Sayed Mahmoud Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jones Stephen Paul	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Mishra Rina Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Rana Nirmala Psy.D	Practitioner - Non-Primary Care Provider (PCP)												
Falk Naomi S Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Kleyman Emily Phd	Practitioner - Non-Primary Care Provider (PCP)												
Suna Carla Joyce	Practitioner - Non-Primary Care Provider (PCP)	✓											
Hirt Deborah	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Allen Christine	Practitioner - Non-Primary Care Provider (PCP)												
Boulos Alan Samuel Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Gattuso Christi	Practitioner - Non-Primary Care Provider (PCP)	✓											
Bagchi Kaushik Md	Practitioner - Non-Primary Care Provider (PCP)												
Chen Wei Yu Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Offord Stephen Robert Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓						
Kaplan Eugene Daniel Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gara Maureen	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓		✓	✓	
Abdelhamid Ayman	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Adamczak Julita Rae	Practitioner - Non-Primary Care Provider (PCP)	✓											
Chank Shelly M	Practitioner - Non-Primary Care Provider (PCP)	✓											
Dahl Jeanne A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Flax Harold	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Griffin Margaret Anne	Practitioner - Non-Primary Care Provider (PCP)	✓											



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Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

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Marsh Catherine Louise	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Matties Regina K	Practitioner - Non-Primary Care Provider (PCP)	✓	✓						✓	✓		✓
Newsome Donna	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Ranges Mary E	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rendich Kathleen	Practitioner - Non-Primary Care Provider (PCP)	✓										
Case Christopher John Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hollands Celeste Marie Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Siebeneck Hillary	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Kutzer William M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Pelesz Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Diaz-Parker Carl E	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Rodrigue Raymond A Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Caulfield Cora Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Shaver Jeannelle M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wiest Daniel R Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Shafer Carolyn H	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Claus Jeffrey K	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Schafer William R	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dluge-Aungst Dawn B Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ralph Walter M Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Belova Natalya Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Goldin-Denio Margaret	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Dedona Andrea M	Practitioner - Non-Primary Care Provider (PCP)	✓										
D'Accurzio Michael A Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Schongar Marie Antoinette	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Utter Denise Maria	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Maxwell Steven J Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Samson Susan Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Gill Zaheer Ashraf Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Detommasi Allison Rose Md	Practitioner - Non-Primary Care Provider (PCP)											
Lu Ping Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Ford David L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Paul Arlette Mary	Practitioner - Non-Primary Care Provider (PCP)											
Limes Britton J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Adams Darius John Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pericak Arlene	Practitioner - Non-Primary Care Provider (PCP)	✓										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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Participating in Projects												
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Sani Farzad Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Valerian Brian Thomas Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Englander Meridith J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Liebers Edward Martin Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Byrne William Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Raja Asim Nazir Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Bielawa Robert A Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Collea Rufus Patrick Md	Practitioner - Non-Primary Care Provider (PCP)											
Baker Judith A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Chao Jerome Donald Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dodd Jack Edward Jr	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fredenberg Jason R	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jones David M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Naumowicz Edward T	Practitioner - Non-Primary Care Provider (PCP)	✓										
Russo Thomas	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Young Pamela Y Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Daoui Rachid	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Burke Jessica Narr Phd	Practitioner - Non-Primary Care Provider (PCP)											
Long Heather Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Demaree Julie E Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Spear Alison Heather Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Brady Ann Theresa	Practitioner - Non-Primary Care Provider (PCP)											
Braga Eileen	Practitioner - Non-Primary Care Provider (PCP)											
Gregg Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓						✓	✓		✓
Iler Christina	Practitioner - Non-Primary Care Provider (PCP)	✓										
Keating Patricia Lcsw	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kellner Thomas	Practitioner - Non-Primary Care Provider (PCP)	✓										
Packard Regina	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kennedy Tracy	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bonanno Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Oechsner Helena Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Laz Desiree F	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dawson Schuyler C	Practitioner - Non-Primary Care Provider (PCP)	✓										
Petronis Karen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Lobo Melvyn Albert Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Brown Alice D	Practitioner - Non-Primary Care Provider (PCP)	✓										



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Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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Rieker Judy J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Winderl Erin M	Practitioner - Non-Primary Care Provider (PCP)	✓											
Graham Jill M	Practitioner - Non-Primary Care Provider (PCP)	✓											
Nelligan John	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bredwood Jacqueline E	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Churchill Laura Hutchins	Practitioner - Non-Primary Care Provider (PCP)	✓											
Miller Beatrice E	Practitioner - Non-Primary Care Provider (PCP)												
Miller John	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kearney Andrew S Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Amin Hetal Thakor Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Simor Ginger Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Wood Bret James Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Dejesus Maria Arsyl Dulay Md	Practitioner - Non-Primary Care Provider (PCP)												
Mittal Peeyush Md	Practitioner - Non-Primary Care Provider (PCP)												
Schneider Jennifer L Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dicaprio Matthew R Md	Practitioner - Non-Primary Care Provider (PCP)												
Han Jihuk	Practitioner - Non-Primary Care Provider (PCP)												
Barrack Bruce	Practitioner - Non-Primary Care Provider (PCP)	✓											
Potenciano Angelo	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Li Eric	Practitioner - Non-Primary Care Provider (PCP)	✓											
Dicerbo Nancy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Tedesco Karen Lynn Md	Practitioner - Non-Primary Care Provider (PCP)	✓										✓	
Gold Daniel C Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hettrich Amy L Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hunter Lauren A Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gold Eric W Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓											
Deserre Steven Francis Cnm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Taggart John B Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mok Ki Tae Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Phelan Daniel T Md	Practitioner - Non-Primary Care Provider (PCP)												
Torres Camilo G Md	Practitioner - Non-Primary Care Provider (PCP)												
Stemper Erin Clarke	Practitioner - Non-Primary Care Provider (PCP)	✓											
Cytryn Jacalyn J Mdd	Practitioner - Non-Primary Care Provider (PCP)	✓											
Blackington Colette C	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Celmins Dzintra Freimane Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Mookherjee Sulagna Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	



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Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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Gokey Ellen L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Bughrara Nibras	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Olds Tia D Md	Practitioner - Non-Primary Care Provider (PCP)											
Biglane Rayma	Practitioner - Non-Primary Care Provider (PCP)											
Soab Medical Pc	Practitioner - Non-Primary Care Provider (PCP)											
Fellegi Aniko Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Nigam Sujatha A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Defrancisco John Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mcfarlane Jessica	Practitioner - Non-Primary Care Provider (PCP)	✓										
Deteso Damon Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Byrnes Christine M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Drzymalski Jolanta	Practitioner - Non-Primary Care Provider (PCP)	✓	✓						✓	✓		✓
Kinlan Bernard P	Practitioner - Non-Primary Care Provider (PCP)											
Nigam Ankesh Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Pan Phillip Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Zamer Joshua D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Comar F Dayle Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Moss Vance J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pilpel Sylvia E Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
German John William Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Marks Elaine Marie Pa	Practitioner - Non-Primary Care Provider (PCP)											
Lloyd Adam Taylor	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Dodd Debra L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rosas Kevin E Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Thompson Shannon E	Practitioner - Non-Primary Care Provider (PCP)	✓										
King-Hall Pamela	Practitioner - Non-Primary Care Provider (PCP)	✓										
Reynolds Frederick D	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shir Irene	Practitioner - Non-Primary Care Provider (PCP)											
Friedman Cynthia Susan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Seedhom Ashraf E Md	Practitioner - Non-Primary Care Provider (PCP)											
Connors William Patrick	Practitioner - Non-Primary Care Provider (PCP)	✓										
Keefe Joan Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Wladis Edward Joel Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Schlossberg Howard Robert Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Herzog John Christopher	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
O'Meara-Zimmer Kimberly J Np	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



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DSRIP Implementation Plan Project

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Palmer Michelle N	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
De Elise J B Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Domingo David Bucuo	Practitioner - Non-Primary Care Provider (PCP)											
Wang Robert Shih-Ning Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Silverstein Mesidor S Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Blackburn Chame Curtis Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Dadian Nishan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
De Arup Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Comley Sood Shannon Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Khera Kanwarjit S Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Afsarkeshmiri Armin Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bernad Jason Edward Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kim Sun Jin Md	Practitioner - Non-Primary Care Provider (PCP)											
Nappi Anthony Gerald Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Mcbiles Mike Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chaudry Shahina K Lcsw	Practitioner - Non-Primary Care Provider (PCP)											
Postal Eric S Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Filanova Vincent Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zieker Christopher Robert Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Saunders Jessica Ann Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cunningham Cathryn Courtney	Practitioner - Non-Primary Care Provider (PCP)	✓										
Weaver Jacqueline Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kayastha Sanjiv Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tarte Michelle L Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chowdhery Naseer Amd	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓
El-Mohtar Kody Khallad Assad Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Stain Steven Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Myint Win Md	Practitioner - Non-Primary Care Provider (PCP)											
Powers Marianne Np	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lynch Timothy Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Bailey Kelly Ann Np	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jindal Rahul Mahendra Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Schaefer Bianca	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Iqbal Anjum Md	Practitioner - Non-Primary Care Provider (PCP)											
Dundon Renee Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Coombes Sereena Carol Md	Practitioner - Non-Primary Care Provider (PCP)	✓										



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DSRIP Implementation Plan Project

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Coombes John Michael Christopher Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gruenthal Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Stanley Valerie Ann Np	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tan Henry T Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Shaffer David Richard Md	Practitioner - Non-Primary Care Provider (PCP)											
Capello Seth Alexander	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kaw Pamela Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓						✓	✓		✓
Hellwitz Frederic Jon Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Sood Vinay Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Colaneri Jean	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Tschinkel Marybeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Mcdonald Katherine G	Practitioner - Non-Primary Care Provider (PCP)	✓										
Stephens Christopher S Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schuster Michael Edward	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Ferrillo Martin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Phelan Donna K Md	Practitioner - Non-Primary Care Provider (PCP)											
Mcginn Arthur	Practitioner - Non-Primary Care Provider (PCP)	✓										
Vandepol-Rimash Maria	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mcmaster Aimee	Practitioner - Non-Primary Care Provider (PCP)	✓										
Graham Margaret	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓	✓	✓			✓	✓
Lawlor Pamela J	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pliscofsky Gail	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓	✓				✓	
Amoroso Jennifer Lcsw	Practitioner - Non-Primary Care Provider (PCP)	✓										
Massonne Mary Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Mann Stephanie Elise	Practitioner - Non-Primary Care Provider (PCP)	✓										
Katz Benjamin S Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cadigan Beth Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Lancaster Karen	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rossetti David	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓
Clark Sara N Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Yamada Brian S	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Beyer Todd David Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Gorczyński Christopher Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Fleming Cathy	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lacy Peter Charles	Practitioner - Non-Primary Care Provider (PCP)	✓										
Trehan Manoj K Md	Practitioner - Non-Primary Care Provider (PCP)											



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Yamada Jennifer Susan Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Miller Kristin M Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vengrin Jana Gale Np	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bloss Christopher A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Earshen Amy	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Woolley Wendy Lee Do	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gaynor Patricia Np	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hinds Marcel Eldon Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Goetz David H Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Collins Jeanette Jennie Np	Practitioner - Non-Primary Care Provider (PCP)											
Krishnappa Kachigere Siddegowda Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shahata Hani L Md	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓
Thomas James Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Varone Ricky A Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fiet Marcy Adirie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Saltzberg Stephanie Sharyn Md	Practitioner - Non-Primary Care Provider (PCP)											
Hayes Joseph Robert Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Remson Karen M Np	Practitioner - Non-Primary Care Provider (PCP)											
Aboelsaad Farag Wanees Farag Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fiore Alicia J Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nelson Dina S Md	Practitioner - Non-Primary Care Provider (PCP)											
Mosher Seana L Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Angelotti Marietta Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Huber-Villano Patricia	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ciccateri Ruth A	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓	✓				✓	
Escobar Diego Md	Practitioner - Non-Primary Care Provider (PCP)											
Evans Sarah M Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Khalil Hani L	Practitioner - Non-Primary Care Provider (PCP)	✓										
Peritz Robin	Practitioner - Non-Primary Care Provider (PCP)	✓										
Blossy Christine	Practitioner - Non-Primary Care Provider (PCP)											
Bove Liza	Practitioner - Non-Primary Care Provider (PCP)	✓										
Brown Ashley	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gusten William M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Eldredge Amy Beth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lisella Jordan Mills Md	Practitioner - Non-Primary Care Provider (PCP)											
Strauss David Noah Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



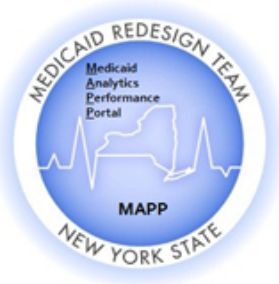
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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Participating in Projects													
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Payne Melinda Lee Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Rohan Darren I Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Qualia Cary Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Kennedy Sean Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Calistri Christine Jane Np	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Franklin Peter Augustus Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Pauze Daniel K Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Kuo Ramsay	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Varghese Noel Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓						✓	✓		✓	
Hanakova Marcela Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Yamamoto Junichi Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Fitzpatrick Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Dickson Matthew J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Olszowka Joseph V Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Napier Mark B Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Canete Jonathan J Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Whitney Valerie C Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Laufer Andras Laszlo Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Chopra Rupal Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Tohtz Damon Alaric	Practitioner - Non-Primary Care Provider (PCP)												
Reutzel Laura	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Kavanaugh-Black Andrew J Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Allison Stefanie L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Amsden Tracy Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Teppo Deborah Lynn Lcsw	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Hubbell Jr Robert	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Tessler Patric	Practitioner - Non-Primary Care Provider (PCP)												
Hazimeh Yusef Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Gellert Jane Carla Phd	Practitioner - Non-Primary Care Provider (PCP)												
Greer Alyssa Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tirgari Franck Taghi	Practitioner - Non-Primary Care Provider (PCP)	✓											
Goodemote Melissa	Practitioner - Non-Primary Care Provider (PCP)												
Larow Catherine Mary	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Iannuccillo Anthony	Practitioner - Non-Primary Care Provider (PCP)	✓											
Larsen Karen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Jennifer White	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



New York State Department Of Health
 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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Rasouly Yama	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Pappas Mike	Practitioner - Non-Primary Care Provider (PCP)												
Uzzilia Jeffrey	Practitioner - Non-Primary Care Provider (PCP)												
Mavashev Mikhail	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Smith Raymond	Practitioner - Non-Primary Care Provider (PCP)	✓											
Kiley Kevin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Zanaros George Md	Practitioner - Non-Primary Care Provider (PCP)												
Sullenberger Lance Eugene	Practitioner - Non-Primary Care Provider (PCP)												
Olszowka Angelique	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Schatz Barbara	Practitioner - Non-Primary Care Provider (PCP)	✓											
Swaminathan Jyoti	Practitioner - Non-Primary Care Provider (PCP)												
Bonville Daniel James Do	Practitioner - Non-Primary Care Provider (PCP)	✓											
Laplante Steven P	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Whiteside Beth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Abel-Bogner Lisa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Perkins Pamela	Practitioner - Non-Primary Care Provider (PCP)	✓											
Mcbride Janet	Practitioner - Non-Primary Care Provider (PCP)	✓											
Weil Dympna Lynch	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
David Jason Ellenbogen Dpm	Practitioner - Non-Primary Care Provider (PCP)												
Dolinsky Christophe	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Northrop Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Whiteside Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Monaco Barbara	Practitioner - Non-Primary Care Provider (PCP)												
Torregrossa Martha	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Binetti Brian Richard Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
William H Montgomery Jr	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Shamoun Karen Md	Practitioner - Non-Primary Care Provider (PCP)	✓											
Tanya Nicole Needham	Practitioner - Non-Primary Care Provider (PCP)	✓											
Lawrence James Patrick	Practitioner - Non-Primary Care Provider (PCP)												
Lagrange Brent Foster	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Akujuo Adanna Chinaka Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Mohammad Eltlajjar	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Schaetzl Christine	Practitioner - Non-Primary Care Provider (PCP)	✓											
Shatynski Todd	Practitioner - Non-Primary Care Provider (PCP)												
Tariq Sayed	Practitioner - Non-Primary Care Provider (PCP)	✓											
Wickman Douglas	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	



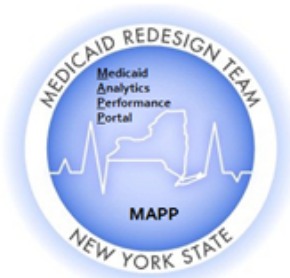
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Karen M Powers	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kathryn Hogan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Malone William J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Condry James Dearien Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kelling Timothy Scott Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stutz Helen Rita Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Santos Roberto	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Camillo Reginald Alivia Md	Practitioner - Non-Primary Care Provider (PCP)											
Dowling Thomas C	Practitioner - Non-Primary Care Provider (PCP)											
Oommen Shobin Md	Practitioner - Non-Primary Care Provider (PCP)											
Astorga Rakel Maria	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Farah Rebeka Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Jeffrey Raouf Ridha	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Peter Elliott Fisk	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Carruthers Jay	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Jarvinen Kirsi M Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ortiz Jorge A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Birdsey Karen Diane	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Standefer James	Practitioner - Non-Primary Care Provider (PCP)	✓										
Samenfeld-Specht James	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓
Amory Colum	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Scelia Lauren	Practitioner - Non-Primary Care Provider (PCP)	✓										
Grendly Sharon	Practitioner - Non-Primary Care Provider (PCP)	✓										
Simone Jean	Practitioner - Non-Primary Care Provider (PCP)	✓										
Higgins Erin	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sasvary Mark	Practitioner - Non-Primary Care Provider (PCP)	✓										
Phung Quentin Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
D'Arcy Allison T Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Reimenschneider Justin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓
Ampuero Juan	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gregory Jenann J	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kevin Jones	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Nabozny Geraldine M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kayajian Daniel Michael	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hall Duane Seymour	Practitioner - Non-Primary Care Provider (PCP)											
Pettigrew-Duffield Pamela	Practitioner - Non-Primary Care Provider (PCP)	✓										



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Wheeler Julie Ann Np	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Fantauzzi John Patrick Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
George D Waterman Jr	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Heather L Juby	Practitioner - Non-Primary Care Provider (PCP)											
Moffatt Jean	Practitioner - Non-Primary Care Provider (PCP)	✓										
Riccio Alexandra	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓	✓				✓	
Oretsky Dawn L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Scott Sara Elizabeth Pa	Practitioner - Non-Primary Care Provider (PCP)											
Schwartz M Miles	Practitioner - Non-Primary Care Provider (PCP)											
Adamo Matthew Armand Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Gerdeman Andrew Charles	Practitioner - Non-Primary Care Provider (PCP)											
Nguyen Le	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mulligan Michael Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Cirilla Dennis Jacob Ii Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Ferrara Justin Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Davidoff Sam Do	Practitioner - Non-Primary Care Provider (PCP)											
Miranda L Dunham Fnpc	Practitioner - Non-Primary Care Provider (PCP)	✓										
Vaisman Vadim	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Penc Stanley F Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Daniela Iulia Sima	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Taylor Matthew Arnfin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Brady Christina Marie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Feygin Ruslan	Practitioner - Non-Primary Care Provider (PCP)											
Dorfman Annette	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Spooner Elizabeth M Dunn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Casivant Melissa M	Practitioner - Non-Primary Care Provider (PCP)	✓										
Visagie Anina Isabella	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Ferrando-Dehtiar Natalia Victorovna	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Caesar Mimieux Vanetta	Practitioner - Non-Primary Care Provider (PCP)											
Dalfino John Charles	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Fitz Bronwyn	Practitioner - Non-Primary Care Provider (PCP)											
Krishnakumar Dundappa Hongalgi Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Southworth Krista Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Evans Christopher Johns	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Blinkhorn Richard John Jr	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Fabian Thomas	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Soryal George Fayk Melad	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bennett Joseph	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kane Tabitha	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Tryon Crystal M	Practitioner - Non-Primary Care Provider (PCP)											
Mongan John Patrick	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sandra L Foster	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓			✓	✓
Samuels Barbara Nan	Practitioner - Non-Primary Care Provider (PCP)	✓										
Barcomb Timothy F	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
John Delmonte Jr	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Seale-Simpson Marjorie Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Adger-Antonikowski Angela	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Hogan Eileen Fox	Practitioner - Non-Primary Care Provider (PCP)	✓										
Frawley Bridget Kathleen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
White Bruce David	Practitioner - Non-Primary Care Provider (PCP)	✓										
Singh Ashuwinder K Np	Practitioner - Non-Primary Care Provider (PCP)											
Dennis J Basila	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bull Stephanie J	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lyubarova Radmila	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Gsell Jennifer Lee	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Johnson Sheena Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Stevens Laura Kathryn Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Leo Carol	Practitioner - Non-Primary Care Provider (PCP)	✓										
Brunelle Trudy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓			✓	✓
Zacher Megan Marie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ceccucci Janice Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Knight William	Practitioner - Non-Primary Care Provider (PCP)											
Fogg Jo	Practitioner - Non-Primary Care Provider (PCP)											
Demadaler Elyse	Practitioner - Non-Primary Care Provider (PCP)											
Bolnick Jay	Practitioner - Non-Primary Care Provider (PCP)	✓										
Abel David	Practitioner - Non-Primary Care Provider (PCP)	✓										
Zen Qin	Practitioner - Non-Primary Care Provider (PCP)											
Colon Michael	Practitioner - Non-Primary Care Provider (PCP)											
Hnath Jeffrey	Practitioner - Non-Primary Care Provider (PCP)											
Windisch-Shayer Jacqueline	Practitioner - Non-Primary Care Provider (PCP)	✓										
Greene Jill	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓			✓	✓
Iyer Shridhar	Practitioner - Non-Primary Care Provider (PCP)	✓										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Cohen Jason	Practitioner - Non-Primary Care Provider (PCP)	✓										
Carsello Jeffrey	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Turinsky Andrew	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
O Malley Rebecca Leigh	Practitioner - Non-Primary Care Provider (PCP)	✓										
Robinson Stacy P	Practitioner - Non-Primary Care Provider (PCP)											
Allmendinger Nikki	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Greenblatt Daniel Edward	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓
Gainor Jonathan P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Aron Uthayashankar	Practitioner - Non-Primary Care Provider (PCP)	✓										
Foulke Llewellyn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Saeed Syed	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gennari Lindsay	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Ramesh Subedi	Practitioner - Non-Primary Care Provider (PCP)	✓										
Datt Chandradai	Practitioner - Non-Primary Care Provider (PCP)											
Conner Sean Richard	Practitioner - Non-Primary Care Provider (PCP)	✓										
Loytra Oleksiy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Rau Stefan Thomas	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nietsch Hubertus Heinrich	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Scardillo Judith	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Hamilton Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Zhu Xinjun	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Hanspal Era	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Pregont Scott Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Mcdermott Nancy Ellen	Practitioner - Non-Primary Care Provider (PCP)	✓										
Evans Mary Teresa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Dufort Elizabeth Mariann	Practitioner - Non-Primary Care Provider (PCP)	✓										
Brakman Patricia	Practitioner - Non-Primary Care Provider (PCP)											
Chaudhary Ayesha Muriam	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kim Richard Lee	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Leduc Laura Howard	Practitioner - Non-Primary Care Provider (PCP)	✓										
Waxman Michael Jay	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Pieterse Portia Lucille	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Balkoski Victoria	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kulzer Daniel	Practitioner - Non-Primary Care Provider (PCP)											
Bakhos Charles	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Mckee Mary Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Thirkannad Indira	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Ramirez-Zamora Adolfo	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kuchis Michelle Katherine	Practitioner - Non-Primary Care Provider (PCP)	✓										
Stephen Larson	Practitioner - Non-Primary Care Provider (PCP)											
Steinberg Barry	Practitioner - Non-Primary Care Provider (PCP)	✓										
Porter Allison Kay	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Amanda Jill Clemence	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shin Catherine Hekyung	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Baranov Dmitri	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Loeber Russell	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Blaisdell Lauren Mackenzie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Rostocki Bernice Ann	Practitioner - Non-Primary Care Provider (PCP)											
Jones Chandra	Practitioner - Non-Primary Care Provider (PCP)	✓										
Alshaer Khalil	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Alexander Volfson	Practitioner - Non-Primary Care Provider (PCP)											
Judson Marc A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Spencer Taylor	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Gresseau Shirley Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kafilludi Ronny	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Ramos Glenn Patrick	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Roberts Jared T	Practitioner - Non-Primary Care Provider (PCP)											
Pacheco Joshua Michael	Practitioner - Non-Primary Care Provider (PCP)	✓										
Murtagh Colleen	Practitioner - Non-Primary Care Provider (PCP)	✓										
Maccio Brenda	Practitioner - Non-Primary Care Provider (PCP)	✓										
Serri Lisa	Practitioner - Non-Primary Care Provider (PCP)											
Cassese Mary	Practitioner - Non-Primary Care Provider (PCP)	✓										
Goel Nimit	Practitioner - Non-Primary Care Provider (PCP)	✓										
Eldakar-Hein Shaden	Practitioner - Non-Primary Care Provider (PCP)	✓										
Li Chunhua	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Brake Sami	Practitioner - Non-Primary Care Provider (PCP)											
Oyiborhoro John Mokoro A	Practitioner - Non-Primary Care Provider (PCP)											
Doelken Peter	Practitioner - Non-Primary Care Provider (PCP)	✓										
Singh Gurpreet	Practitioner - Non-Primary Care Provider (PCP)	✓										
Thevenin Claudwardy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Durphy Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Keating Lawrence	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Khan Manji Samira	Practitioner - Non-Primary Care Provider (PCP)	✓										
Elnagar Khalid Abdelsalam	Practitioner - Non-Primary Care Provider (PCP)	✓										
Alapati Sailaja	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Dolen Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Cousins Joseph	Practitioner - Non-Primary Care Provider (PCP)	✓										
Evangelist Makenzi C Md	Practitioner - Non-Primary Care Provider (PCP)											
Perwaiz Muhammad Khurram	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rhymaun Rachel E	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Tenuta Joachim J Md	Practitioner - Non-Primary Care Provider (PCP)											
Agag Richard Louis	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tilney Peter	Practitioner - Non-Primary Care Provider (PCP)	✓										
Varlamov Anna	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Bass Anna	Practitioner - Non-Primary Care Provider (PCP)	✓										
Madigan Heather	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patel Ashit	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Itty Any	Practitioner - Non-Primary Care Provider (PCP)											
Frisch Adam Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Vena Stephen Albert	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Hutchins Elizabeth Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Detschelt Elizabeth L	Practitioner - Non-Primary Care Provider (PCP)											
Hayes Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Divvela Satyanarayana Murthy	Practitioner - Non-Primary Care Provider (PCP)	✓										
Zahir Mehjabin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Eromo Ersno Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Joseph Josmi	Practitioner - Non-Primary Care Provider (PCP)	✓										
Przybyla Adrian M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Palmer Bradford A	Practitioner - Non-Primary Care Provider (PCP)											
Mohsin Intikhab	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Durie Nicole	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ingoglia Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Mueller Benjamin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Phoenix Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓	✓				✓	
Kachurek David P	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Smith Derek W	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Brula Abdul Qadir	Practitioner - Non-Primary Care Provider (PCP)	✓										
Renaud Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
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Cutry Anthony	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Thompson-Badamosi Tanya L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kaiser Laura Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Starkman David	Practitioner - Non-Primary Care Provider (PCP)											
Afroze Farzana	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Choudry Ahmad Bilal	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pilitsis Julie Georgia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Janssen Daniel James	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Martin Andrew	Practitioner - Non-Primary Care Provider (PCP)	✓										
Berger Niel Phd	Practitioner - Non-Primary Care Provider (PCP)											
Jared Scott Jerome	Practitioner - Non-Primary Care Provider (PCP)											
Brutus Valerie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rillo Bella Dizon	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rai Rohit Kumar	Practitioner - Non-Primary Care Provider (PCP)											
Fields Jennifer L	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wintle Catherine Ann	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bailey Laura M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Murawski Julie Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓										
Williams Marguerite H	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kee Elaine F	Practitioner - Non-Primary Care Provider (PCP)	✓										
Libruk Tara Kristine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Burns Lisa Marie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dunkerley Christopher J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rifenberck Mary Ann Carol	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Au Angela K Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Medina Christopher	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Malone Patricia	Practitioner - Non-Primary Care Provider (PCP)											
Balog Amy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Geraghty Nicole Kristine	Practitioner - Non-Primary Care Provider (PCP)											
Theresa Carpenter	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Nickels-Nelson Gina Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Mastrangelo John Armand	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pastena Gaetano Thomas	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Mccarthy Brigid	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Wells Catherine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Pugh John A	Practitioner - Non-Primary Care Provider (PCP)	✓										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Kenning Tyler James	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Iyer Aparna	Practitioner - Non-Primary Care Provider (PCP)	✓											
Asif Arif	Practitioner - Non-Primary Care Provider (PCP)	✓											
Kim Grace Y	Practitioner - Non-Primary Care Provider (PCP)	✓											
Hansen Philip	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Phillips Victoria J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Caracci James Robert	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Chismark Anthony David	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Huss Sara Abigail	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Valley Katie Jayne	Practitioner - Non-Primary Care Provider (PCP)	✓											
Carsello Carrie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Tirabassi Michael V	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Jones Rushton Michael	Practitioner - Non-Primary Care Provider (PCP)	✓											
Medarov Boris I	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Oakes Jennifer Audi	Practitioner - Non-Primary Care Provider (PCP)	✓											
Marchland Maurice E	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Chang Kit Laura Annelise	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Weaver Jeffrey	Practitioner - Non-Primary Care Provider (PCP)	✓											
Steindler Jason Harrison	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Rasouly Mai Mona	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Murphy Sean M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Black Trevor	Practitioner - Non-Primary Care Provider (PCP)	✓											
Monroe Richard	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Sharma Vibhvasu	Practitioner - Non-Primary Care Provider (PCP)	✓											
Baxter Lori	Practitioner - Non-Primary Care Provider (PCP)	✓											
Maldonado Elga	Practitioner - Non-Primary Care Provider (PCP)	✓											
Garbarino Kathleen Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Memmelaa Angela R	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Mamot Baker Margaret	Practitioner - Non-Primary Care Provider (PCP)												
Ganey Michael Edward	Practitioner - Non-Primary Care Provider (PCP)	✓											
Halsdorf Courtney Soon Hee	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bunch Marjorie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Hamilton Christophe	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Koumanis Dimitri	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pokharel Sunil	Practitioner - Non-Primary Care Provider (PCP)	✓											
Lopez Stephen	Practitioner - Non-Primary Care Provider (PCP)	✓											



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Devkota Aaushma	Practitioner - Non-Primary Care Provider (PCP)	✓										
Reed Thomas	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mazo Francisco	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lukowitsky Mark	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Durham-Fowler Jennifer A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mills Jessica L A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sidhu Mandeep Singh	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Bowen Katherine	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lazar Beverly	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shah Melissa	Practitioner - Non-Primary Care Provider (PCP)											
Tauber Kate	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Stein Julie Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Pinheiro-Neto Carlos Diogenes	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Gozman Alexander	Practitioner - Non-Primary Care Provider (PCP)	✓										
Engelhart Heather	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Shapiro Lois A	Practitioner - Non-Primary Care Provider (PCP)											
Melius Jonathan Robert	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Lipscomb Deanna M	Practitioner - Non-Primary Care Provider (PCP)	✓										
Smith Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Coffman Megan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Monaco-Brown Meredith	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Siegel Eric	Practitioner - Non-Primary Care Provider (PCP)	✓										
O'Connell Sherie M	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ginebra Claudio	Practitioner - Non-Primary Care Provider (PCP)											
Connell Ashley Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Raitses Pauline	Practitioner - Non-Primary Care Provider (PCP)											
Shepard Leigh A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Krull Joanna R	Practitioner - Non-Primary Care Provider (PCP)											
Kennedy Jeffrey	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Guidarelli Heather Mary	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Patel Anar J	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hassan Jones Lynn B	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Eager Jeremy Morgan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Walsh Anne Catherine	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lee Jamison	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Hedden Jeffrey Louis	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Duncan Luke Joseph	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Ellwood Rebecca	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Paige John Alexander	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hausman Julia H	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Sukumaran Sunitha	Practitioner - Non-Primary Care Provider (PCP)											
Mimlitsch Ellisa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Smith Rachel E	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Davila Theresa Ann	Practitioner - Non-Primary Care Provider (PCP)	✓										
Solga Matthias	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Heinlein Thomas Edward	Practitioner - Non-Primary Care Provider (PCP)	✓										
Stefanova-Stephens Nadejda	Practitioner - Non-Primary Care Provider (PCP)	✓	✓						✓	✓		✓
Iskhakov Edward	Practitioner - Non-Primary Care Provider (PCP)	✓										
Huston Jason Michael	Practitioner - Non-Primary Care Provider (PCP)	✓										
Vukovic Joseph Thomas	Practitioner - Non-Primary Care Provider (PCP)	✓										
Zhao Ling	Practitioner - Non-Primary Care Provider (PCP)											
Galay Igor	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kehr Andrew David	Practitioner - Non-Primary Care Provider (PCP)											
Mazur Jordan Thomas	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Derouin Laura C	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jhandier Muhammad Nauman	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rowlands John	Practitioner - Non-Primary Care Provider (PCP)	✓										
Coiteux Yvonne C	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Oluwole Olakunle Kayode	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mathew Roy	Practitioner - Non-Primary Care Provider (PCP)	✓										
Musuku Sridhar	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Chopra Amit	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Morgan Matthew	Practitioner - Non-Primary Care Provider (PCP)	✓										
Arunakul Nathapong	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Ward Kathleen A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Bahrassa Farhad	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hand Drinnon	Practitioner - Non-Primary Care Provider (PCP)	✓										
Arellano Jason	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shawa Hassan	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pluto Luke A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Niebuhr Jean-Marie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bhullar Ravneet	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Cunningham Lynn A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Monsour Sophia	Practitioner - Non-Primary Care Provider (PCP)	✓										
Silverman Eric Ross	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Frey Michelle West	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Flaherty Michael Andrew	Practitioner - Non-Primary Care Provider (PCP)											
Alpaugh Craig Alan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kang Kibbum	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shaw Colleen Margaret	Practitioner - Non-Primary Care Provider (PCP)	✓										
Galusha Jill Brisbin	Practitioner - Non-Primary Care Provider (PCP)	✓										
Frasier Kasandra C	Practitioner - Non-Primary Care Provider (PCP)	✓										
Petith-Paulsen Joan M	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rezak Kristen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Ettekal Yashar	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kiff Jane	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Abraham Christa Rose	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Tillack Lindsey	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pahwa Suneet Singh	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Conklin Jeremy	Practitioner - Non-Primary Care Provider (PCP)	✓										
Winston Brion	Practitioner - Non-Primary Care Provider (PCP)											
Crowe Karen Gisotti	Practitioner - Non-Primary Care Provider (PCP)											
Hosaka Mia	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lu Hsien-Yi	Practitioner - Non-Primary Care Provider (PCP)											
Schwab Marjorie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sorel Bertrand	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Osika Swank Michele Mary	Practitioner - Non-Primary Care Provider (PCP)											
Bellomo Courtney M	Practitioner - Non-Primary Care Provider (PCP)											
Byrne Christopher	Practitioner - Non-Primary Care Provider (PCP)											
Kimball Randall Mark	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kambam Madhavi Latha Reddy	Practitioner - Non-Primary Care Provider (PCP)											
Kathleen Puffer	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rhim Changsoo	Practitioner - Non-Primary Care Provider (PCP)											
Patil Pushpa Shyam	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rooney Danielle Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Levine Matthew D Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Adepoju Grace Adeola	Practitioner - Non-Primary Care Provider (PCP)											
Shur Natasha	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Bryan Richard	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mueller Kelly	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Parikh Reena	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Gebremichael Amine Fessemagiorgis	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tafen Wandji Marcel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Adetayo Oluwaseun	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Donnarumma Robert	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Byrnes Crystal	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fidelman Leila H	Practitioner - Non-Primary Care Provider (PCP)											
Granados Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Francavilla Frank Nicholas	Practitioner - Non-Primary Care Provider (PCP)											
Heintz Hollis A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Slocum Christine N	Practitioner - Non-Primary Care Provider (PCP)	✓										
Garcia Medina Lymaris	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sarah G Fox Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Buchanan Titiana Alexeevna	Practitioner - Non-Primary Care Provider (PCP)											
Harter Jillian	Practitioner - Non-Primary Care Provider (PCP)	✓										
Liss Allison	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Faliszek James	Practitioner - Non-Primary Care Provider (PCP)	✓										
Celestine Erica	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓		✓	✓
Petruzzo Maria C	Practitioner - Non-Primary Care Provider (PCP)	✓										
Amanda Hordos	Practitioner - Non-Primary Care Provider (PCP)											
Kestler Margaret	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Linn Eileen	Practitioner - Non-Primary Care Provider (PCP)											
Johnson Matthew C	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hall Erin Christina	Practitioner - Non-Primary Care Provider (PCP)	✓										
Debergh Marc Taylor	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Horvath David	Practitioner - Non-Primary Care Provider (PCP)											
Clark Patricia L	Practitioner - Non-Primary Care Provider (PCP)											
Kane Sujata R	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mabry Myra A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Higgins Amy R	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ash James Edward	Practitioner - Non-Primary Care Provider (PCP)	✓										
Walter Chelsea C	Practitioner - Non-Primary Care Provider (PCP)	✓										
Harrica Rebecca Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Moore Robert J	Practitioner - Non-Primary Care Provider (PCP)	✓										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Newman Lisa C	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Heran Meghan E	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Schweikarth Lindsay A	Practitioner - Non-Primary Care Provider (PCP)	✓											
Talbot Jean F	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Lalonde Jordan L	Practitioner - Non-Primary Care Provider (PCP)	✓											
Desanctis Sara E	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Reeves Sherry L	Practitioner - Non-Primary Care Provider (PCP)	✓											
Singh Jitendra	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bhatia Gulbir	Practitioner - Non-Primary Care Provider (PCP)												
Cooper Kenneth R	Practitioner - Non-Primary Care Provider (PCP)	✓											
Mccartney Jeffrey Robert	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Christian Patricia S	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Collins Kevin P	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Olexa Laurel Wilber	Practitioner - Non-Primary Care Provider (PCP)	✓											
Smith Janeen A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Juyia Rushad Farhad	Practitioner - Non-Primary Care Provider (PCP)	✓											
Occhiogrosso Marie Anne	Practitioner - Non-Primary Care Provider (PCP)	✓											
Cohen Donna Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gray Wendy Jo	Practitioner - Non-Primary Care Provider (PCP)	✓											
Hebert Debra A	Practitioner - Non-Primary Care Provider (PCP)	✓											
Peluso Peter	Practitioner - Non-Primary Care Provider (PCP)	✓											
Graziano Pauline D	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Larson Una B	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Tse Sara Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Lange Josef F	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Dick Ronald Larrabee	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Santiago Nichole	Practitioner - Non-Primary Care Provider (PCP)	✓											
Oetomo Audrey	Practitioner - Non-Primary Care Provider (PCP)	✓											
Adjara Jennifer Ekwutosi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Monahan Meredyth Leigh	Practitioner - Non-Primary Care Provider (PCP)	✓											
Geary Sean Patrick	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Haverly Colleen Anne	Practitioner - Non-Primary Care Provider (PCP)	✓											
Coloprisko Sara Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Almony Danielle P	Practitioner - Non-Primary Care Provider (PCP)	✓											
Ciccarelli Blair	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Yates Patricia K	Practitioner - Non-Primary Care Provider (PCP)	✓											



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Qandah Juleen Jandali	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lewis Heather	Practitioner - Non-Primary Care Provider (PCP)											
Malone Chemin Marie	Practitioner - Non-Primary Care Provider (PCP)											
Gardner Jerry L	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chu Michael H	Practitioner - Non-Primary Care Provider (PCP)											
Wilson Allison Marie	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓	✓				✓	
Kogan Yelena Aleksandrovna	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Davis Alecia A Np	Practitioner - Non-Primary Care Provider (PCP)											
Kent Kenneth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Deeb Erin M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Masters Cindy N	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Larrabee Erin V	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Idelchik Gary M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ellen Joseph Harry Iii	Practitioner - Non-Primary Care Provider (PCP)	✓										
Taylor Ben Frazier	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Devlin Jean Smith	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cooley Michael Robert	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Dagostino Monica Dawn	Practitioner - Non-Primary Care Provider (PCP)	✓										
Globokar Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Burke Kelly Laurice	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tuczynski Kathryn E	Practitioner - Non-Primary Care Provider (PCP)	✓										
Daraban Nicoleta Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tan Josenia Narcisa Mailed	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Travis Robert Whitney	Practitioner - Non-Primary Care Provider (PCP)											
Bromley Nicole	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Mansen Roberta	Practitioner - Non-Primary Care Provider (PCP)	✓										
Samson Brianna P	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓		✓	✓
Chen Vivian Min-Lan	Practitioner - Non-Primary Care Provider (PCP)											
Maroney Justin V	Practitioner - Non-Primary Care Provider (PCP)											
Mermelstein Peter L	Practitioner - Non-Primary Care Provider (PCP)											
Redding Jack Eugene	Practitioner - Non-Primary Care Provider (PCP)	✓										
Yager Jennifer M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Crosier Amanda	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Cooley Christine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Haber Marc	Practitioner - Non-Primary Care Provider (PCP)	✓										
Keenan Christophe	Practitioner - Non-Primary Care Provider (PCP)	✓										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Chow Yvonne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Liu Baogang	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Al Kawass Anas	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Paiva Priscilla	Practitioner - Non-Primary Care Provider (PCP)	✓											
White Noah	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Noonan Jessica	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Carpenter Courtney	Practitioner - Non-Primary Care Provider (PCP)	✓											
Autin Robert	Practitioner - Non-Primary Care Provider (PCP)	✓											
Plakas Constantin	Practitioner - Non-Primary Care Provider (PCP)	✓											
Narayan Ananth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Vatsky Seth	Practitioner - Non-Primary Care Provider (PCP)	✓											
Suchowiecki Mark J	Practitioner - Non-Primary Care Provider (PCP)	✓											
Suchowiecki Kristin M	Practitioner - Non-Primary Care Provider (PCP)	✓											
Lipat Portia	Practitioner - Non-Primary Care Provider (PCP)												
Mcshane Danine A	Practitioner - Non-Primary Care Provider (PCP)	✓											
Daniels Randi L	Practitioner - Non-Primary Care Provider (PCP)	✓											
Dillon Jessica L	Practitioner - Non-Primary Care Provider (PCP)	✓											
Slavin Laura N	Practitioner - Non-Primary Care Provider (PCP)	✓											
Post David Robert	Practitioner - Non-Primary Care Provider (PCP)	✓											
Medin Karen Louise	Practitioner - Non-Primary Care Provider (PCP)												
Bernardi Shaina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Steiner Anna	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Lee Minsun	Practitioner - Non-Primary Care Provider (PCP)	✓											
Pires Ervoes John	Practitioner - Non-Primary Care Provider (PCP)	✓											
Luthra Munish	Practitioner - Non-Primary Care Provider (PCP)	✓											
Gordon-Stacey Carrie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓						✓	✓		✓	
Crosby Erin Claire	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Tessitore Donald Francis Iii	Practitioner - Non-Primary Care Provider (PCP)	✓											
Joseph Jalaja	Practitioner - Non-Primary Care Provider (PCP)	✓											
Rathert Nicholas	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Gold Kristin	Practitioner - Non-Primary Care Provider (PCP)	✓											
Jaitovich Adolfo	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Paulsen Rana	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Joseph-Belfort Alison	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Dakakni Tarek	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Malek Sohail	Practitioner - Non-Primary Care Provider (PCP)	✓											



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Tadros Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Boyd-Smith Molly	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Deroo Andrew	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Wiczulis Alicia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Zysik Meghan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Powers Crystal	Practitioner - Non-Primary Care Provider (PCP)	✓											
Muchiteni Tshaka Tapuwa	Practitioner - Non-Primary Care Provider (PCP)												
Welliver Robert Charles Jr	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Piazza Ashley G	Practitioner - Non-Primary Care Provider (PCP)												
Weintraub Lauren	Practitioner - Non-Primary Care Provider (PCP)	✓											
Nair Arjun	Practitioner - Non-Primary Care Provider (PCP)	✓											
Zhang Li	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Smith Brendon	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Batool Asra	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Farooqi Wiqar	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Omorogbe Tina	Practitioner - Non-Primary Care Provider (PCP)	✓											
Chandolias Nikolaos	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Doehler Jocelyn E	Practitioner - Non-Primary Care Provider (PCP)	✓											
Rajan Shobana	Practitioner - Non-Primary Care Provider (PCP)	✓											
Rittenhouse Kathy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Trevail Molly	Practitioner - Non-Primary Care Provider (PCP)	✓											
Harris Judy Ann	Practitioner - Non-Primary Care Provider (PCP)	✓											
Lingbloom Andrew L	Practitioner - Non-Primary Care Provider (PCP)	✓											
Demmitt Andrew K	Practitioner - Non-Primary Care Provider (PCP)	✓											
Oreilly Kevin T	Practitioner - Non-Primary Care Provider (PCP)	✓											
Baxter Kelly A	Practitioner - Non-Primary Care Provider (PCP)	✓											
Alvarez Nicole D	Practitioner - Non-Primary Care Provider (PCP)	✓											
Patil Vinit V	Practitioner - Non-Primary Care Provider (PCP)	✓											
Dascher M Catherine	Practitioner - Non-Primary Care Provider (PCP)	✓											
Valerice Stania	Practitioner - Non-Primary Care Provider (PCP)												
Laskey Sarah	Practitioner - Non-Primary Care Provider (PCP)	✓											
Metwally Mark	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Radu Gabriel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rothman Deborah	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Weinreb David	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Cullen Kathryn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Rijhsinghani Asha	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Chanofsky Shannon	Practitioner - Non-Primary Care Provider (PCP)											
Grover Surender S	Practitioner - Non-Primary Care Provider (PCP)	✓										
Nguyen-Chavez Killauda	Practitioner - Non-Primary Care Provider (PCP)											
Bertasso Karen	Practitioner - Non-Primary Care Provider (PCP)											
Micca Emily S	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Berger Ashleigh	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Mcmahon Laura	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Blasch Penelope	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Whitton Karen Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓										
Haight Susan	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sciacca Cheri	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Keane Kimberly X	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Sundaram Vishalakshi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Garla Sreenivas	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Peace Kristen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Lisinschi Adriana	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Majewski Maegan Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Tucker Cheryl S	Practitioner - Non-Primary Care Provider (PCP)											
Calderon Vanessa V	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Espinoza Liz Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓
Frasier Charz	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Kerins Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Marshall Jonah Scott Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hundertmark Janet Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓										
Nathan Jerry	Practitioner - Non-Primary Care Provider (PCP)	✓		✓			✓					
Philhower Carol	Practitioner - Non-Primary Care Provider (PCP)	✓										
Seguinot Elizabeth Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓						✓	✓		✓
Hill Rachel	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gargiulo Janet Elaine Md	Practitioner - Non-Primary Care Provider (PCP)											
Doti Christopher Warren	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Stacey Sarah R	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maclellan Allison M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Monzur Mohammed Ali Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Scott Walter	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Estrada Fabiola Alisson	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Mehta Swati	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Lazarus Sol	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Hughes Cindy Weiss Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Schulman-Marcus Joshua	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Winters Brooke	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓	
Payne Andrew	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Newey Laura Rebecca	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rizzo Christopher J Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓						
Keating Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Cramer Judy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Waters Timothy Robert	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cowder Gulnaz Md	Practitioner - Non-Primary Care Provider (PCP)												
Arcuri Theresa M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Wall Martha	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Fraser Michelle	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Connor Cindy	Practitioner - Non-Primary Care Provider (PCP)												
Banbury Steve	Practitioner - Non-Primary Care Provider (PCP)	✓											
Beyer Robert	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Infantino Benjamin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Yager Janet	Practitioner - Non-Primary Care Provider (PCP)												
Feinberg Zachary Allan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mcbean Dacia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓	
Michaels Rachel Mrs.	Practitioner - Non-Primary Care Provider (PCP)	✓											
Kinoshita Shiori	Practitioner - Non-Primary Care Provider (PCP)												
Ferdinand Francis Darrell	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Murphy Kathleen A Cnm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Williams David C	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Barraclough Victor	Practitioner - Non-Primary Care Provider (PCP)	✓											
Mami Ahmed	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Griggs Lee	Practitioner - Non-Primary Care Provider (PCP)	✓											
Lavelle Daniel Thor	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Ghauri Sabira Bilqees Md	Practitioner - Non-Primary Care Provider (PCP)												
Gross Julia M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Anderson Marilyn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓	
Tichich Jennifer Brown	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hogan William James Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓						✓	✓		✓	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Hoosier-Paty Dawn Michelle	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Kittell Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Papa Katy Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Kaufman Lawrence S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Mcmahon Scott F	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fritz Jeannene	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gordon Peter Eliot Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Williams-Weekes Terri A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Ulster-Greene Arc - Rehab Clinic: Persad-Sikula, Jennifer (Ot)	Practitioner - Non-Primary Care Provider (PCP)	✓										
Beach Deborah	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Mary Annelle Collins	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
D'Arcy Edward	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mackert Susan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓
Mccafferty Gaye	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Lenic Kathleen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Shawna Debonis	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Polynice Beatrice Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓						✓	✓		✓
Falduti James	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mcintyre Elizabeth M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Meagher Colin Patrick	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓
Priest Michael Richard	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Cavaliere Rosella Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Sarmiento Augusto Salvosa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓						✓	✓		✓
Paravella Dana W	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Miano Michael Mr.	Practitioner - Non-Primary Care Provider (PCP)	✓										
Glaser Jordan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Johnson Abigail Ruth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Samy Sanjay Anantha Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Racela Gene	Practitioner - Non-Primary Care Provider (PCP)											
Brangaitis Sara	Practitioner - Non-Primary Care Provider (PCP)	✓										
Stephenson Lisa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Poulos Artemis E	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓			✓	✓
Langford Stacey	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Chaudhary Faisal Rashid	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Telisky Ashley	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Simmons Betty	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Sheehan Kelly L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Mathai Gimi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Brayton Deanna	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Cunningham Bobbi	Practitioner - Non-Primary Care Provider (PCP)	✓											
Rodenmayer Wade Harold Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tierney Rachel M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gicewicz Adam	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Enright Caitlin Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓											
Chernoff Daniel Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Merante Laura	Practitioner - Non-Primary Care Provider (PCP)	✓											
Bonner Lori Lee	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Kang Harriet Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Taormina Nancy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
O'Brien Jane	Practitioner - Non-Primary Care Provider (PCP)	✓											
Hasnain Mujtaba A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gildener-Leapman Neil	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Millett Morgan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Kershen Emma	Practitioner - Non-Primary Care Provider (PCP)	✓											
Jeannine Marie Rother	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Matthews Elizabeth Susan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Shou Jason Dr.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Montondo Melinda	Practitioner - Non-Primary Care Provider (PCP)	✓											
Savage Colleen Dunn Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Choudhary Madhuchanda Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Gallagher Ellen E	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓		✓	✓	
Bentley Tyrone	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Battu Kalyana Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓						
Lubna Valliani	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Ulster-Greene Arc - Rehab Clinic: Fried, Jilian (Slp)	Practitioner - Non-Primary Care Provider (PCP)	✓											
Forster-Green Jennifer Mrs.	Practitioner - Non-Primary Care Provider (PCP)	✓											
Williams Eric Taylor	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Murray Sherrie L	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Moll Peter Raymond	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Rowney Andrew	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Shaw Daniella Ms.	Practitioner - Non-Primary Care Provider (PCP)												
Sandbach Katherine Ashley	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Oliveri Courtney	Practitioner - Non-Primary Care Provider (PCP)	✓	✓						✓	✓		✓
Ulster-Greene Arc - Rehab Clinic: Koim-Walsh, Katherine (Pt)	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kim Kelly-Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ellery Joan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Foster David E	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Monroy Prado Mauricio Ricardo	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Gilbertson Dorothy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Sherer Yiping	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Janasek Karolina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kirkpatrick Yulia Alexandrovna	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Salenger Page Valery Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kim Chong	Practitioner - Non-Primary Care Provider (PCP)											
Knapp Robin Gail Cnm	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓		✓	✓
Redmond Heather	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓
Defreest Lori	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Venugopal Sushma	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Werner Nancy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Barhydt Echi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓
Akuoko Nana	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chaphe Carol	Practitioner - Non-Primary Care Provider (PCP)	✓										
Daniels Karen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Carroll Kathleen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Snyder Martha	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wallis Warren M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Chang Robert Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Moses Eric Daniel Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Rashid Numan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Homan Suzanne Michelle	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Bernstein Vanessa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lucca Samantha	Practitioner - Non-Primary Care Provider (PCP)											
Stalker Alicia	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gandarillas Jesus M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
O'Brien Daniel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓
Mcneilly Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓
Brendese Stephen C	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓
Lafortune Yarnell	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

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Enzien Petra Victoria Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Yamin Mary Christine	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓		✓	✓
Merrill Gary Stott Do	Practitioner - Non-Primary Care Provider (PCP)											
Schoch Kim Elizabeth Dale	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Coletti Jamie L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tourtellott Lauren	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Ambati Shashikant	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Stoecklin William	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Mursi Hanan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Vivencio Maria	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shkolnik Boris	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Brewer Brandy Yvette	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Weitzel Megan Adele	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Bushart Matthew Thomas	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Sanderson Kaya Miss	Practitioner - Non-Primary Care Provider (PCP)	✓										
Brunet Katelyn	Practitioner - Non-Primary Care Provider (PCP)	✓										
Biscossi Michele Lee	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Israel Claudia	Practitioner - Non-Primary Care Provider (PCP)											
Veet Deanna Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Duncan Pamela	Practitioner - Non-Primary Care Provider (PCP)											
Gabriel Nancy	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Dall Jacqueline Aimee	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓		✓	✓
Espiritu Marvee Gay Santiago	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Black Mandy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Cabuhat Aleta	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Forget Jeffrey	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Zack Yelena S	Practitioner - Non-Primary Care Provider (PCP)											
Andre Rachel Mary	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓			✓	✓
Milham Carrie Anne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓
Yellen Jacob	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Judge Erin M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Barlin Joanne Nuqui	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Cornish Chad Matthew	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gilmore Kelli	Practitioner - Non-Primary Care Provider (PCP)	✓										
Carr Catina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lamar Stacey Anne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Debarbieri Victoria Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Bombard Tiffany	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Green Elizabeth Anne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Menshausen Amber	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Rice Bradley Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Deanda Abelardo Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Fay Mary E	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Washburn Kate	Practitioner - Non-Primary Care Provider (PCP)	✓	✓						✓	✓		✓
Utter Lauren	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓
Hegel Rebecca	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Blanchard Raymond Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Foley Jeffrey A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Prichett Janice	Practitioner - Non-Primary Care Provider (PCP)	✓	✓						✓	✓		✓
Rubin Abigail Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Morgan John	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Lafif Zeshan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zanetti Alexandra	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Sellnow Kathleen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Crawley Claire Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓										
Reid Derrece Kaliesha	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Whalen Shane	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓
Wolf Lisa J Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Carsillo Vincent James Ii Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Krampert Ryan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Newman Mary Jane	Practitioner - Non-Primary Care Provider (PCP)	✓										
Heather Coe Pa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Subik Maria	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Hoffman Jill Diane	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Hindson David Fessler	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Boone Cheyenne Allen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Colby Jacob	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓
Scott Rachel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Gosnell Laura Catherine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rossignol Darcy	Practitioner - Non-Primary Care Provider (PCP)	✓										
Narayan Sarah	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Postal Madge	Practitioner - Non-Primary Care Provider (PCP)											



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
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Monroe Lucas	Practitioner - Non-Primary Care Provider (PCP)	✓										
Salgado Marlon	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Carey Jamie	Practitioner - Non-Primary Care Provider (PCP)											
Kohan Victoria	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓
Lemke David	Practitioner - Non-Primary Care Provider (PCP)											
Bruno Natalie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Randazzo Carol	Practitioner - Non-Primary Care Provider (PCP)	✓										
Foyt David Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Giuffrida Lashawnda L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Eastman Michelle Lee	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Miller Linda	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Reese Linda Jeanne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Ursillo Christopher Ryan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Leifer Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Reilly Michael J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Lewis Kathleen T	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Ulster-Greene Arc - Rehab Clinic: Foster, Richard (Lmsw)	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lieberum Bridget	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Carlin Kristine Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Hodes Jamie L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Penesso Tara	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Oby Stephen	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wolfe Heidi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Keeley Lauren	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓
Lynch Timothy Joseph Francis Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Barrett Emily Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sweigart-Voak Rachel	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gordon Shelley	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Cooper Benjamin Z Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Voccia Ryan James	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Lesson Catherine Ann	Practitioner - Non-Primary Care Provider (PCP)											
Schramm Charles	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Guilfoyle Gary Owen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Shinaishin Mamhoud Akif	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mcguire Judith	Practitioner - Non-Primary Care Provider (PCP)	✓										
Provost Justin Alan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Warner Courtney Jill	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ferris Jaime	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Melendez Maureen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓
Staley Michelle	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fagan Tana Lee	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Mcdade Rowena	Practitioner - Non-Primary Care Provider (PCP)	✓										
Driscoll Sarah	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Rai Sonia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Dodge Amelia	Practitioner - Non-Primary Care Provider (PCP)											
Ulster-Greene Arc - Rehab Clinic: Chase, Barbara (Lmsw)	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lee Hwa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Livshits Julia	Practitioner - Non-Primary Care Provider (PCP)											
Ochal Michelle	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Nagaraj Sharita	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Sparbeck Nicole	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Donovan Sean	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Chang Andrew Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Malhotra Anuj	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Ilowit Emily Katharine	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓
Lee Sharon	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Bravo Enrico A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Woodard Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Casivant Belinda M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Maxwell Lois	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ungerland Michael J Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Hyde Natalie Ann	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓
Gobunsuy Romel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Farnsworth Wayne J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zeronda Stephanie Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Su Xiao	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nichol Carrie Burgess	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Denio Diana M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Le Christopher	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓
Sugent-Gray Linda J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Turner Latasha M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓						✓	✓		✓
Cote Amanda Pauline	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓



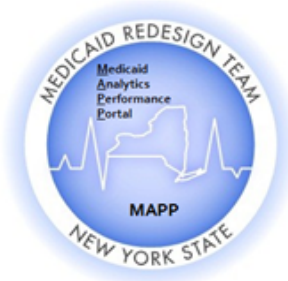
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
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Guldenstern Erin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kozak Craig Robert	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Gearwar David C	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rosario Frances	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Leone Tracey Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓
Blanc Nathalie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓						✓	✓		✓
Bedinotti Ingrid	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Williams Kathleen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Middleton Laura Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓										
Friel Briana	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Abraham Lisa Puthuparampil	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Van Meter Jr Charles	Practitioner - Non-Primary Care Provider (PCP)											
Hoffman Loretta	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dirusso Michael T	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Miron Carrie Beth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shepard Timothy Folsom	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gleason Zachary M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Dagwell Lovejoy Deborah	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Weinberg Gerard Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Tolosky Barbara	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓
O'Connor Emily Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Thompson Sandra Marie Np	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Di Lullo Joseph Matthew Md	Practitioner - Non-Primary Care Provider (PCP)											
Sokaris Stephen John Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sharlow Joan G Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Farren Seth Timothy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maitland Ceceleta Y Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Morihisa John	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓			✓	✓
Murphy Denise	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kwon Anne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Wasacz Enid	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Wolner Ron K	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nordhauser Micaela Urbano	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓
Weiss Richard G Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Cerda Jorge Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Geis Gina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓



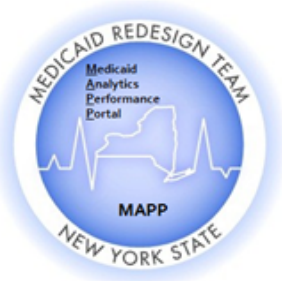
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Woodley Carlton Anthony	Practitioner - Non-Primary Care Provider (PCP)											
Abdullah Mishal	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Buzzola Rino Alberto	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Walke Ashley Danielle	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Locaputo Jenna M	Practitioner - Non-Primary Care Provider (PCP)											
Lefner Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hicks Steven D	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hida Sven	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Bradley Nina Grace	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Roberts Jordan Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Serafini Elaine	Practitioner - Non-Primary Care Provider (PCP)											
Uhr Emily	Practitioner - Non-Primary Care Provider (PCP)	✓										
Seavey Donna	Practitioner - Non-Primary Care Provider (PCP)	✓										
Asare Kofi Sarkokie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Parenti Anthony Ryan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Manny Tara Amanda	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kaufman Marcia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kishore Pankaj Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Poon Edward	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vanaller-Smith Joanne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Clifford Carolann Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tashjian Barbara J	Practitioner - Non-Primary Care Provider (PCP)											
Freeman Beth E	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Fazio Lydia Olympia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Askew Allyson Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Jacobs Laura May	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kuriakose Binu Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Reed Norma	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fiorini Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Heidemann Patricia Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lundgren Brandon Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chaudhry Rafia Ishfaq	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Guccione Angela Lee Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓
Pinto Dorcas Boahema	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Santell Eric R	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cornell Kathleen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



New York State Department Of Health
 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Martelle Joan M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Casale Charles Vincent Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Morrissey Nancy L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Falardeau Jodi L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Montalvan Theresa	Practitioner - Non-Primary Care Provider (PCP)	✓											
Gray Christine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓	
Parker Megan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓	
Westerling Catherine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Godfrey Daniel	Practitioner - Non-Primary Care Provider (PCP)												
Stepan Jovanna	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Mix Rosemary	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Betts Maia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓						✓	✓		✓	
Hubert Jonathan	Practitioner - Non-Primary Care Provider (PCP)	✓											
Schuck Abigail	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Phelps Kenneth R Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Mcgork James Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ryan Rebecca	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Winzelberg Jay	Practitioner - Non-Primary Care Provider (PCP)												
Epstein Igor	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓			✓	✓	
Williams Sherrie Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓						
Dib Nancy Ellen	Practitioner - Non-Primary Care Provider (PCP)												
Lynch Patrick	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Elsagga Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Wasacz Christopher John	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Palms Jo-Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Laruffa Gia M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Lopez Janeen Ellen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Tortorici Danielle Maria	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Rajpoot Minakshi	Practitioner - Non-Primary Care Provider (PCP)												
Kennedy Patricia Rae Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Oboyski Carlsen Deborah Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓	
Clark Steve Daniel Pa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Reach Sally	Practitioner - Non-Primary Care Provider (PCP)	✓											
Lipson Beth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓	
Wagg Amber Nichole	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bekan-Homawoo Brigitte Edwige	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Scuderi Devon Lee	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Hopkins Susan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Kallin Kimberly E	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Kissee Vanessa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Hebrank Jessica	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Diramio Amy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Safa Radwan Dr.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Miller Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Wolfe Heather	Practitioner - Non-Primary Care Provider (PCP)	✓											
Soto Evelyn Mrs.	Practitioner - Non-Primary Care Provider (PCP)	✓											
Lamanna Jeanina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Kepner Heather Marie Np	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Leung Anna	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓		✓	✓	✓	✓	
Jeffrey Alfred Reynante	Practitioner - Non-Primary Care Provider (PCP)												
Lange Amber L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Sofia Susan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Berger Sondra Kristen Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Simmons Richard J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Scordino Jessica	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Pratt Kathleen Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓											
Burrell Keisha Kay	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓		✓		✓	✓	
Buffa Heather	Practitioner - Non-Primary Care Provider (PCP)	✓											
Fanning Audrey	Practitioner - Non-Primary Care Provider (PCP)	✓											
Ennis Corey Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Misiano Julie	Practitioner - Non-Primary Care Provider (PCP)	✓											
Rowden Adam Kendall Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Horn James F Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ali Jameel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Schnell Jessica Mae	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Tiesi Dayna Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓											
Patel Reemaben Rajendrabhai	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Van Dyck Timothy K	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Carney Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gorham Sara	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Nautiyal Amit Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Mishra Pragnyadip	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

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Petrie Brandy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Clark Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Azam Nyla Khalid	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Aison Johnson Sarah	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓	
Rischert Bruce	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ramani Shoba	Practitioner - Non-Primary Care Provider (PCP)	✓											
Kumar Sudha Md	Practitioner - Non-Primary Care Provider (PCP)	✓			✓		✓			✓	✓		
Tauber David	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Speed Stacie	Practitioner - Non-Primary Care Provider (PCP)	✓											
Greene Julie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cardinale Carmen	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Castma Naika Clara	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Smith-Foy Barbara	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Boss Donna Jean	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Martin Mary Anne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Uskach Eugenia	Practitioner - Non-Primary Care Provider (PCP)												
Tyler Christopher D	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Glozman Alexandr Josifovich	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lyons Trent William	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Haroon Omer Ahmad	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Shemo Laura	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Mcwhorter Lauren	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Debonis James M Dmd	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Valerio Dennis J Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Nadal Laurie Lambert	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓			✓	✓	
Michele Griguts	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Bienick Kelly	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Berkovich Betsy	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓		✓	✓	✓	
Matthew I Stein Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Samaritan Hospital	Hospital												
Seton Health System	Hospital												
Columbia Memorial Hospital	Hospital	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Saratoga Hospital	Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Albany Medical Ctr Hospital	Hospital	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Teppo Deborah Lynn Lcsw	Clinic	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Unity House Of Troy Mh	Clinic												



New York State Department Of Health
 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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Samaritan Hospital	Clinic												
Seton Health System	Clinic												
Schenectady Cnty Public Hlth	Clinic	✓											
Schenectady Family Health Ser	Clinic												
Com Hlth Ctr Of Smh & Nlh Inc	Clinic	✓	✓		✓	✓				✓	✓	✓	
Planned Pthd Mohawk Hudson	Clinic	✓			✓	✓	✓				✓		
Albany County Health Dept	Clinic	✓				✓			✓	✓			
Ucp Assn Of The Capital Dist	Clinic	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Whitney M Young Health Center	Clinic	✓	✓						✓	✓		✓	
Greene Cy Public Hlth Nursing	Clinic	✓				✓					✓	✓	
Greene Cnty Pub Hlth Nurs Ser	Clinic	✓				✓					✓	✓	
Columbia Cnty Health Dept	Clinic	✓				✓							
Columbia Memorial Hospital	Clinic	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Saratoga Hospital	Clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Upper Hudson Planned Parent	Clinic	✓				✓	✓		✓	✓	✓	✓	
Albany Medical Ctr Hospital	Clinic	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Pp Of Mid-Hudson Valley Inc	Clinic												
Ridge Health Services Inc	Clinic												
Parsons Child And Family Ctr	Clinic	✓	✓		✓	✓	✓	✓			✓	✓	
Omrdd/Support-Link Inc Cd	Case Management / Health Home												
Unity House Of Troy Mh	Case Management / Health Home												
Mental Health Association In	Case Management / Health Home												
Samaritan Hospital	Case Management / Health Home												
Albany Cnty Dept/Child Y&F Mh	Case Management / Health Home	✓					✓	✓					
Omrdd/Center For Disabled Sun	Case Management / Health Home	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Green County Mental Hlth Mh	Case Management / Health Home	✓	✓			✓	✓	✓			✓	✓	
Omrdd/Devereux Foundation	Case Management / Health Home												
Mha Of Columbia-Greene Mh	Case Management / Health Home	✓	✓		✓			✓			✓	✓	
Omrdd/Center For Disabled-Ta	Case Management / Health Home	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Omrdd/Cath Charities Dds-Ta	Case Management / Health Home	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Omrdd/Wildwood Programs-Cd	Case Management / Health Home	✓			✓			✓		✓	✓	✓	
Omrdd/Schenectady Arc	Case Management / Health Home												
Resource Ctr/Acc Liv-Ta	Case Management / Health Home												
Omrdd/Warren/Washington Arc	Case Management / Health Home												
Omrdd/Living Resources Corp	Case Management / Health Home	✓			✓				✓	✓	✓	✓	
Omrdd/Gateway Community Ind	Case Management / Health Home												



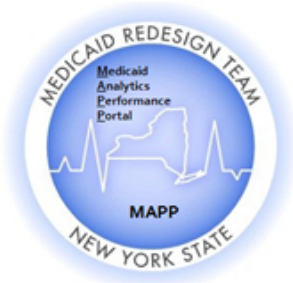
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Omrdd/Family & Child Svc	Case Management / Health Home											
Omrdd/Dutchess Co Arc	Case Management / Health Home											
Omrdd/Devereaux Foundation-Ta	Case Management / Health Home											
Omrdd/Columbia County Arc	Case Management / Health Home	✓		✓	✓			✓	✓		✓	
Omrdd/Center For Disabled-Cd	Case Management / Health Home	✓	✓		✓	✓	✓	✓	✓		✓	✓
Omrdd/Cath Charities Dds-Cd	Case Management / Health Home	✓	✓	✓	✓	✓	✓	✓			✓	✓
Omrdd/Alternative Liv Grp	Case Management / Health Home											
Clearview Center Mh	Case Management / Health Home	✓	✓				✓				✓	✓
Astor Home For Children Fbt	Case Management / Health Home											
Catholic Charities/Albany Ai	Case Management / Health Home	✓	✓	✓	✓	✓	✓	✓			✓	✓
Aids Council Of Neny Ai	Case Management / Health Home	✓	✓		✓	✓		✓	✓		✓	✓
Rehabilitation Supp Svcs C	Case Management / Health Home	✓	✓		✓			✓	✓		✓	✓
Columbia Cty Mh Ctr Mh	Case Management / Health Home	✓	✓			✓	✓	✓			✓	✓
Transitional Svcs Assoc Inc	Case Management / Health Home	✓	✓		✓			✓				
Schenectady County Pub Hlth	Case Management / Health Home	✓										
Albany County Mh	Case Management / Health Home	✓										
Rensselaer Cnty Unified Mh	Case Management / Health Home											
Visiting Nurs Svc/Schtd & Sar Cnty	Case Management / Health Home	✓	✓		✓				✓	✓	✓	✓
Albany County Doh Div Of Nurs	Case Management / Health Home	✓				✓			✓	✓		
Columbia Cy Dept Of Health	Case Management / Health Home	✓				✓						
Greene Cy Public Hlth Nursing	Case Management / Health Home	✓				✓					✓	✓
Opwdd/Support Link Msc Sunmount	Case Management / Health Home											
Parsons Child And Family Ctr	Case Management / Health Home	✓	✓		✓	✓	✓	✓			✓	✓
Schenectady Arc	Case Management / Health Home											
Dutchess Co Arc	Case Management / Health Home											
Hubbell Jr Robert	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Goodemote Melissa	Mental Health											
Swaminathan Jyoti	Mental Health											
Abel-Bogner Lisa	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Monaco Barbara	Mental Health											
Torregrossa Martha	Mental Health	✓	✓	✓	✓	✓	✓	✓			✓	✓
Gellert Jane Carla Phd	Mental Health											
Tohtz Damon Alaric	Mental Health											
P R O M E S A	Mental Health	✓						✓			✓	✓
Blossy Christine	Mental Health											
Khalil Hani L	Mental Health	✓										



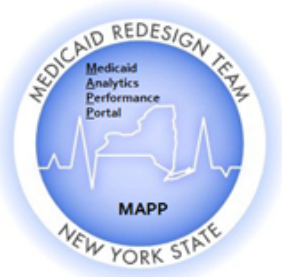
New York State Department Of Health
 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
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Huber-Villano Patricia	Mental Health	✓											
Remson Karen M Np	Mental Health												
Krishnappa Kachigere Siddegowda Md	Mental Health	✓											
Unity House Of Troy Mh	Mental Health												
Israel Claudia	Mental Health												
Ulster-Greene Arc	Mental Health	✓				✓							
Vengrin Jana Gale Np	Mental Health	✓											
Lacy Peter Charles	Mental Health	✓											
Rossetti David	Mental Health	✓	✓		✓	✓	✓	✓			✓	✓	
Amoroso Jennifer Lcsw	Mental Health	✓											
Graham Margaret	Mental Health	✓	✓			✓	✓	✓			✓	✓	
Mcginn Arthur	Mental Health	✓											
Hudson Valley Mental Hlth Ln	Mental Health	✓											
Mcdonald Katherine G	Mental Health	✓											
Mohawk Opportunities Inc	Mental Health												
Schaefer Bianca	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Mental Health Association In	Mental Health												
Cunningham Cathryn Courtney	Mental Health	✓											
Chaudry Shahina K Lcsw	Mental Health												
Northeast Parent Child Societ	Mental Health	✓	✓		✓	✓	✓	✓			✓	✓	
Fazio Lydia Olympia	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Nadal Laurie Lambert	Mental Health	✓	✓		✓	✓	✓	✓			✓	✓	
Samaritan Hospital	Mental Health												
Albany Cnty Dept Child Family	Mental Health	✓					✓	✓					
Kishore Pankaj Md	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Gabay Michelle	Mental Health												
Potenciano Angelo	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Han Jihuk	Mental Health												
Mittal Peeyush Md	Mental Health												
Simor Ginger Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kennedy Tracy	Mental Health	✓											
Di Lullo Joseph Matthew Md	Mental Health												
Sciacca Cheri	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Packard Regina	Mental Health	✓											
Gregg Michael	Mental Health	✓	✓						✓	✓		✓	
Burke Jessica Narr Phd	Mental Health												



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Fredenber Jason R	Mental Health	✓										
Dodd Jack Edward Jr	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pericak Arlene	Mental Health	✓										
Albany County Comm Svs Board	Mental Health	✓				✓	✓	✓			✓	
Tashjian Barbara J	Mental Health											
Ranges Mary E	Mental Health	✓										
Newsome Donna	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Adamczak Julita Rae	Mental Health	✓										
Abdelhamid Ayman	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Allen Christine	Mental Health											
Kleyman Emily Phd	Mental Health											
Rana Nirmala Psy.D	Mental Health											
Green County Mental Hlth Mh	Mental Health	✓	✓			✓	✓	✓			✓	✓
Barba Anne Lauren Phd	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Dorflinger Joseph Lcsw	Mental Health	✓	✓	✓	✓	✓	✓	✓			✓	✓
Nikiforov Konstantin Md	Mental Health											
Achar Naveen Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mha Of Columbia-Greene Mh	Mental Health	✓	✓		✓			✓			✓	✓
Hansel Lori Csw	Mental Health	✓										
Glozman Alexandr Josifovich	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rodriguez-Tellez Jamie	Mental Health											
Valliere Julie	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Cowder Gulnaz Md	Mental Health											
Smith-Booth Brenda Karen	Mental Health											
Klim Kathleen	Mental Health	✓	✓	✓	✓	✓	✓	✓			✓	✓
Schweitzer Frances Robyn Phd	Mental Health											
Toole Nancy E Lcsw	Mental Health	✓	✓	✓	✓	✓	✓	✓			✓	✓
Soscia Gina Lcsw	Mental Health											
Peters Robert Lcsw	Mental Health	✓	✓	✓	✓	✓	✓	✓			✓	✓
Khan Tabassum Y Md	Mental Health	✓										
Morris Adrian Anthony Md	Mental Health											
Doyle Melissa M Csw	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Laguerre Julius J	Mental Health	✓										
Inghilterra Karen	Mental Health											
Kulkarni Subash	Mental Health											
Oberg Gary David	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Ehrenberg Eileen	Mental Health	✓											
Bourke Diane A Md	Mental Health	✓				✓	✓	✓		✓	✓	✓	
Corbin Jeffrey S Md	Mental Health	✓											
Winseman Jeffrey Scott Md	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Aronson Cynthia L Csw	Mental Health	✓											
Albany Medical College	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Shif Mark Md	Mental Health												
Wolner Ron K	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Wallis Warren M	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Tucker Cheryl S	Mental Health												
Roldan Ernesto	Mental Health	✓	✓		✓	✓	✓	✓			✓	✓	
Padi Madhu	Mental Health												
Nordhauser Micaela Urbano	Mental Health	✓				✓	✓	✓		✓	✓	✓	
Gillen Robert W Phd	Mental Health	✓											
Mendola Antony J Md	Mental Health												
James Ronald M	Mental Health	✓											
Plotkin Richard Eric Md	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Astruc Manuel Md	Mental Health	✓											
Merrill Gary Stott Do	Mental Health												
Van Dyck Timothy K	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Clearview Center Mh	Mental Health	✓	✓				✓				✓	✓	
Astor Home For Children Fbt	Mental Health												
St Catherines Ctr/Child Fbt	Mental Health	✓				✓							
Rtf Hs Of The Good Shepherd	Mental Health												
Workshop Inc, The	Mental Health												
Hazen Gordon Rpac	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Lasalle School Inc	Mental Health												
Gateway Community Industries	Mental Health												
Capital District Psych Ctr	Mental Health	✓					✓	✓			✓	✓	
Sussman Daniel L Md	Mental Health												
Rehabilitation Supp Svcs C	Mental Health	✓	✓		✓			✓	✓		✓	✓	
Columbia Cty Mh Ctr Mh	Mental Health	✓	✓			✓	✓	✓			✓	✓	
Transitional Svcs Assoc Inc	Mental Health	✓	✓		✓			✓					
Philmont Hearth Inc	Mental Health	✓											
Nijjar Gurkirpal S Md	Mental Health	✓	✓						✓	✓		✓	
Carino Aurora L Md	Mental Health	✓											



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
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Marcus Dennis Carl Md	Mental Health	✓											
Amyot Edmond Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Harnick Robert Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Priest Michael Richard	Mental Health	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Four Winds Saratoga	Mental Health	✓					✓	✓			✓	✓	
Krugley Richard A Md	Mental Health												
Persaud Vyas Durga Md	Mental Health												
Woodhouse Richard Phd	Mental Health												
Sandler Steven Md	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Capital District Pc	Mental Health	✓					✓	✓			✓	✓	
Kolahifar Jafar Md	Mental Health												
Saratoga Cnty Comm Svcs Brd	Mental Health	✓				✓		✓			✓	✓	
Scherer Harvey D	Mental Health	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Albany Cnty Community Svc Bd	Mental Health												
Kaplan Mitchel A Md	Mental Health												
Krakower Leon A	Mental Health	✓											
Mitchell Robert Alexander Md	Mental Health	✓											
Menzel Charles H Md	Mental Health	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Capital District Pc	Mental Health	✓					✓	✓			✓	✓	
Tassinari Robin Baker Md	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Columbia Memorial Hospital	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Saratoga Hospital	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Albany Medical Ctr Hospital	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Gottlieb Howard P Md	Mental Health	✓											
Greenman Lawrence A Md	Mental Health	✓											
Oommen Shobin Md	Mental Health												
Carruthers Jay	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Van Meter Jr Charles	Mental Health												
Standefer James	Mental Health	✓											
Samenfeld-Specht James	Mental Health	✓	✓		✓	✓	✓	✓			✓	✓	
Higgins Erin	Mental Health	✓											
Hebrank Jessica	Mental Health	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Heather L Juby	Mental Health												
Moffatt Jean	Mental Health	✓											
Schwartz M Miles	Mental Health												
Brady Christina Marie	Mental Health	✓											



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

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Racela Gene	Mental Health											
Sandra L Foster	Mental Health	✓	✓	✓	✓	✓	✓	✓			✓	✓
Samuels Barbara Nan	Mental Health	✓										
Adger-Antonikowski Angela	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Daniels Karen	Mental Health	✓	✓		✓	✓	✓	✓	✓		✓	✓
Leo Carol	Mental Health	✓										
Penesso Tara	Mental Health	✓	✓		✓	✓	✓	✓	✓		✓	✓
Brunelle Trudy	Mental Health	✓	✓	✓	✓	✓	✓	✓			✓	✓
Zacher Megan Marie	Mental Health	✓										
Knight William	Mental Health											
Demadaler Elyse	Mental Health											
Greene Jill	Mental Health	✓	✓	✓	✓	✓	✓	✓			✓	✓
Mcmahon Scott F	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pieterse Portia Lucille	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Balkoski Victoria	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kulzer Daniel	Mental Health											
Stephen Larson	Mental Health											
Ghuri Sabira Bilqees Md	Mental Health											
Amanda Jill Clemence	Mental Health	✓										
Loeber Russell	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rehabilitation Support Services Inc	Mental Health	✓	✓		✓			✓	✓		✓	✓
Elnagar Khalid Abdelsalam	Mental Health	✓										
Vena Stephen Albert	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Mueller Benjamin	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Brula Abdul Qadir	Mental Health	✓										
Berger Niel Phd	Mental Health											
Jared Scott Jerome	Mental Health											
Rillo Bella Dizon	Mental Health	✓										
Parsons Child And Family Ctr	Mental Health	✓	✓		✓	✓	✓	✓			✓	✓
Albany Medical College	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Malone Patricia	Mental Health											
Iyer Aparna	Mental Health	✓										
Zack Yelena S	Mental Health											
Mamot Baker Margaret	Mental Health											
Leung Anna	Mental Health	✓	✓		✓	✓	✓		✓	✓	✓	✓
Mazo Francisco	Mental Health	✓										



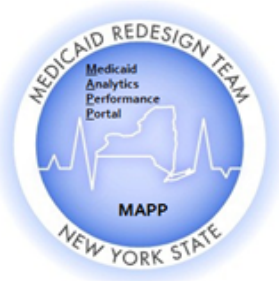
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
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Lukowitsky Mark	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Durham-Fowler Jennifer A	Mental Health	✓											
Jeffrey Alfred Reynante	Mental Health												
Andre Rachel Mary	Mental Health	✓					✓	✓			✓	✓	
Shapiro Lois A	Mental Health												
Krull Joanna R	Mental Health												
Kim Chong	Mental Health												
Gordon Shelley	Mental Health	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Lee Jamison	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Monsour Sophia	Mental Health	✓											
Slocum Christine N	Mental Health	✓											
Liss Allison	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Horvath David	Mental Health												
Debarbieri Victoria Marie	Mental Health	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Cohen Donna Marie	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gray Wendy Jo	Mental Health	✓											
Coloprisko Sara Ann	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Lewis Heather	Mental Health												
Bromley Nicole	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Yager Jennifer M	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Crosier Amanda	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Dillon Jessica L	Mental Health	✓											
Bernardi Shaina	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Lee Minsun	Mental Health	✓											
Berkovich Betsy	Mental Health	✓				✓	✓	✓		✓	✓	✓	
Smith Brendon	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Chanofsky Shannon	Mental Health												
Bentley Tyrone	Mental Health	✓				✓	✓	✓		✓	✓	✓	
Mursi Hanan	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Leifer Ann	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Petrie Brandy	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Lucca Samantha	Mental Health												
Haroon Omer Ahmad	Mental Health	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
P R O M E S A	Substance Abuse	✓						✓			✓	✓	
Pearl Street Counseling Cente	Substance Abuse												
Senior Hope Counseling Inc	Substance Abuse	✓		✓				✓					



New York State Department Of Health
 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Never Alone Inc	Substance Abuse												
Seton Health System	Substance Abuse												
Child & Fam Guid Ctr Adict Sv	Substance Abuse												
Lasalle School Inc	Substance Abuse												
Conifer Park	Substance Abuse	✓					✓						
Hope House, Inc.	Substance Abuse												
820 River Street Inc.	Substance Abuse	✓					✓	✓			✓	✓	
Addictions Care Ctr Of Albany	Substance Abuse	✓					✓	✓			✓	✓	
Twin Cty Recovery Svcs Inc	Substance Abuse	✓						✓			✓	✓	
Depaul Addiction Services Inc	Substance Abuse	✓		✓									
Saratoga Cnty Comm Svcs Brd	Substance Abuse	✓				✓		✓			✓	✓	
Alcoholism Council Schen Cnty	Substance Abuse												
Albany Cnty Community Svc Bd	Substance Abuse												
Whitney M Young Health Center	Substance Abuse	✓	✓						✓	✓		✓	
Belvedere Health Services Llc	Substance Abuse	✓	✓				✓						
Wingate At Beacon	Nursing Home												
Carillon Nrs Rehab Ctr Adhc	Nursing Home												
Ten Broeck Commons Adhc	Nursing Home												
Wingate Of Ulster	Nursing Home												
Wingate At Dutchess Inc	Nursing Home												
Whittier Rehab & Skilled Nrs Ctr	Nursing Home												
Orchard Nursing & Rehab Ctr	Nursing Home												
Ferncliff Nursing Hm Non Occ	Nursing Home												
Daughters Of Sarah Non Occ	Nursing Home	✓		✓									
Kaaterskill Care Skilled Nrs & Reh	Nursing Home	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Home For Aged Blind Adhc/Aadc	Nursing Home	✓		✓									
East Neck Nursing & Rehab Ctr	Nursing Home												
Van Rensselaer Manor Snf	Nursing Home												
The Springs Nursing & Reh Ctr	Nursing Home												
Stanton Nursing & Rehab Cente	Nursing Home												
Peninsula Gen Nursing Home	Nursing Home												
Komanoff Ctr/Geriatric Rehab	Nursing Home												
Avenue Nursing & Rehab Ctr Sn	Nursing Home												
St Margarets Center	Nursing Home	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Teresian House Nrsg Hm Co Inc	Nursing Home												
Poughkeepsie Crossings	Nursing Home												



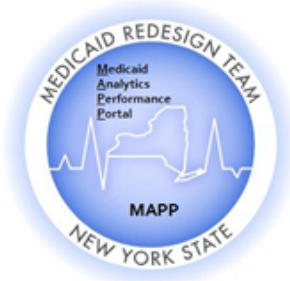
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Catskill Crossings	Nursing Home												
Evergreen Commons Snf	Nursing Home												
Glens Falls Crossings	Nursing Home	✓		✓									
Mountain View Nrs & Reh Ctr	Nursing Home												
Shore View Nursing Home	Nursing Home												
Morningside House Nursing Hom	Nursing Home												
Albany County Nursing Home	Nursing Home	✓											
Dutchess Ctr Rehab Healthcare	Nursing Home												
Sea-Crest Health Care Center	Nursing Home												
Barnwell Nursing & Rehab Cent	Nursing Home	✓		✓									
Rosewood Rehabilitation & Nrs Ctr	Nursing Home												
Mills Pond Nursing & Rehab Ctr	Nursing Home												
Julie Blair Nrsg & Rehab Cntr	Nursing Home	✓											
Fulton Center Rehabilitation & Heal	Nursing Home	✓											
Rsrnc Llc	Nursing Home	✓		✓									
Csrnc Llc	Nursing Home												
Jopal Sayville Llc	Nursing Home												
Jopal Bronx, Llc	Nursing Home												
Ncrnc, Llc	Nursing Home												
Golden Hill Planning Corp	Nursing Home												
Livingston S & V Operations Llc	Nursing Home												
Evergreen Commons Rehab & Nursing C	Nursing Home												
Walgreen Eastern Co Inc	Pharmacy												
Martins Foods Of So Burlington	Pharmacy												
Schoch Kim Elizabeth Dale	Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Martins Foods Of So Burlington Inc	Pharmacy												
Walgreen Eastern Co Inc	Pharmacy												
Martins Foods Of So Burlington Inc	Pharmacy												
Walgreen Eastern Co Inc	Pharmacy												
Martins Food Of South Burlington	Pharmacy												
Martins Foods Of South Burlington	Pharmacy												
Walgreens Eastern Co Inc	Pharmacy												
Price Chopper Operating Co Inc	Pharmacy												
Four Corners Pharmacy Llc	Pharmacy												
Price Chopper Operating Co In	Pharmacy												
Martin'S Foods So Burlington	Pharmacy												



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Martins Foods Of So Burlington	Pharmacy												
Price Chopper Operating Co In	Pharmacy												
Martins Foods So Burlington I	Pharmacy												
Cutie Pharma-Care Inc	Pharmacy												
Golub Corporation,The #196	Pharmacy												
Golub Corporation The #191	Pharmacy												
Martins Foods So Burlington	Pharmacy												
Martins Foods Of S Burlington	Pharmacy												
Martins Foods Of So Burling I	Pharmacy												
Golub Corporation The	Pharmacy												
Martin'S Foods So Burlington3	Pharmacy												
Golub Corporation #186	Pharmacy												
Martins Foods Of S Burlington	Pharmacy												
Golub Corporation The	Pharmacy												
Price Chopper Operating Co In	Pharmacy												
Martins Foods So Burlington	Pharmacy												
Golub Corporation The	Pharmacy												
Golub Corporation #042	Pharmacy												
Martins Foods Of S Burlington	Pharmacy												
Golub Corporation The	Pharmacy												
Golub Corporation The #003	Pharmacy												
Empire Home Infusion Svc Inc	Pharmacy												
Martins Foods So Burlington	Pharmacy												
Martin'S Food Of S Burlington	Pharmacy												
Martin'S Food Of S Burlington	Pharmacy												
Golub Corporation The	Pharmacy												
Seton Health System	Pharmacy												
Martins Foods So Burlington I	Pharmacy												
Golub Corporation	Pharmacy												
Martins Foods So Burlngtn 320	Pharmacy												
Martins Foods Of So Burl 391	Pharmacy												
Golub Corporation	Pharmacy												
Martin Foods Of So Burlington	Pharmacy												
Golub Corporation	Pharmacy												
Martins Foods So Burlington	Pharmacy												
Golub Corporation	Pharmacy												



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Martins Foods So Burlington	Pharmacy											
Martins Food Of So Burlington	Pharmacy											
Gem Drug Corporation	Pharmacy											
Golub Corporation The	Pharmacy											
Martin Foods Of So Burlington	Pharmacy											
The Golub Corporation Price C	Pharmacy											
Golub Corporation The	Pharmacy											
Watervliet Pharmacy Inc	Pharmacy											
Marra S Pharmacy Inc	Pharmacy											
Planned Pthd Mohawk Hudson	Pharmacy	✓			✓	✓	✓				✓	
Albany Medical Ctr Hospital	Pharmacy	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Walgreen Eastern Co Inc 10955	Pharmacy											
Martins Foods Of So Burlington	Pharmacy											
Walgreen Eastern Co Inc 10752	Pharmacy											
Walgreen Eastern Co Inc #09971	Pharmacy											
Walgreen Eastern Co Inc 11841	Pharmacy											
Walgreen Eastern Co Inc 11639	Pharmacy											
Martins Foods Of So Burlington	Pharmacy											
Walgreens Eastern Co Inc	Pharmacy											
Walgreens Eastern Co Inc	Pharmacy											
Walgreens Eastern Co Inc	Pharmacy											
Golub Corporation	Pharmacy											
Kinney Drugs Inc	Pharmacy											
Martins Foods Of South Burlington I	Pharmacy											
Martins Foods Of South Burlington	Pharmacy											
Martins Foods Of South Burlington	Pharmacy											
Town Total Health Llc	Pharmacy											
Town Total Health Llc	Pharmacy											
Golub Corporation	Pharmacy											
Albany Medical Center	Pharmacy	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Martins Foods Of South Burlington L	Pharmacy											
Community Hospice Inc	Hospice											
Alcohol And Substance Abuse Prevention Council Of Saratoga County	Community Based Organizations											
Alissa Debaun	Community Based Organizations											
Black Nurses Coalition, Inc.	Community Based Organizations											



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Boces Capit	Community Based Organizations											
Brenda Robinson	Community Based Organizations											
Capital District Ymca	Community Based Organizations											
Capital Region Boces	Community Based Organizations											
Catholic Charities Of Columbia And Greene Counties	Community Based Organizations	✓	✓	✓	✓	✓	✓	✓			✓	✓
Catholic Charities Senior And Caregiver Support Services	Community Based Organizations	✓	✓	✓	✓	✓	✓	✓			✓	✓
Catskill Hudson Area Health Education Center	Community Based Organizations											
Charles Kite	Community Based Organizations											
Community Caregivers	Community Based Organizations	✓	✓	✓	✓	✓						
Compeer, Inc.	Community Based Organizations											
Consumer Directed Choices, Inc.	Community Based Organizations	✓		✓								
De Paul Housing Management	Community Based Organizations	✓		✓								
De Paul Housing Management: Bishop Broderick Apartments	Community Based Organizations	✓		✓								
De Paul Housing Management: Bishop Hubbard Senior Apartments	Community Based Organizations	✓		✓								
De Paul Housing Management: Branson Manor Senior Apartments	Community Based Organizations	✓		✓								
De Paul Housing Management: Cabrini Acres Senior Apartments	Community Based Organizations	✓		✓								
De Paul Housing Management: Carondelet Commons Senior Apartments	Community Based Organizations	✓		✓								
De Paul Housing Management: Father Leo O'Brien Senior Community	Community Based Organizations	✓		✓								
De Paul Housing Management: Fontbonne Manor Senior Apartments	Community Based Organizations	✓		✓								
De Paul Housing Management: Franciscan Heights Senior Community	Community Based Organizations	✓		✓								
De Paul Housing Management: Marie-Rose Manor	Community Based Organizations	✓		✓								
De Paul Housing Management: Sanderson Court Senior Apartments	Community Based Organizations	✓		✓								
De Paul Housing Management: St. Jude Apartments	Community Based Organizations	✓		✓								
De Paul Housing Management: St. Vincent'S Apartments	Community Based Organizations	✓		✓								
De Paul Housing Management: The Lawrence Commons	Community Based Organizations	✓		✓								
Greene County Rural Health Network	Community Based Organizations											
Healthy Capital District Initiative	Community Based Organizations	✓				✓				✓		
Hope House, Inc.	Community Based Organizations											
Hudson Mohawk Area Health Education Center	Community Based Organizations	✓										



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
In Our Own Voices, Inc.	Community Based Organizations	✓	✓			✓		✓			✓	✓	
Indepdent Living Center Of The Hudson Valley, Inc.	Community Based Organizations	✓				✓							
Interfaith Partnership For The Homeless	Community Based Organizations												
Jillian Herrington, Np	Community Based Organizations												
Katherine Hughes	Community Based Organizations												
Lynn M. Scott	Community Based Organizations	✓			✓		✓			✓	✓		
Matthew C. Aoun	Community Based Organizations												
Mei Yu Ren	Community Based Organizations												
Mental Health Assosication Of Nys	Community Based Organizations												
Mental Health Empowerment Project, Inc.	Community Based Organizations	✓											
Nicole Riley	Community Based Organizations												
Ny Start	Community Based Organizations												
Rhonda M. Esposito	Community Based Organizations												
Shelters Of Saratoga	Community Based Organizations	✓				✓							
Siba Haykal	Community Based Organizations												
St. Paul'S Center, Inc.	Community Based Organizations												
The Alternative Living Group, Inc.	Community Based Organizations												
The Next Step, Inc.	Community Based Organizations												
The Quality And Technical Assistance Center Of Ny - Qtac - Ny (University At Albany Foundation)	Community Based Organizations												
Troy Crossings, Llc Dba The Pines At Heartwood	Community Based Organizations												
Westchester Independent Living Center	Community Based Organizations												
Wildwood Programs, Inc.	Community Based Organizations	✓			✓			✓		✓	✓	✓	
Tessler Patric	All Other												
Chang Robert Dds	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tera N Hetrick-Platte Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Dhanani Rahim Md	All Other	✓											
Schneider Nicole Marie	All Other	✓				✓	✓	✓		✓	✓	✓	
Iannuccillo Anthony	All Other	✓											
Larsen Karen	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Jennifer White	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rasouly Yama	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Schoch Kim Elizabeth Dale	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pappas Mike	All Other												
Eldredge Daniel	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Uzzilia Jeffrey	All Other												



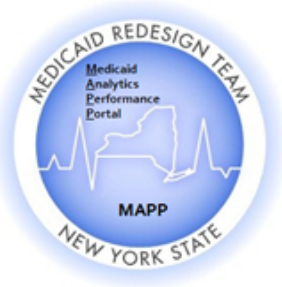
New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
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Kiley Kevin	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Zanaros George Md	All Other												
Sullenberger Lance Eugene	All Other												
Olszowka Angelique	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Weil Dympna Lynch	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bonville Daniel James Do	All Other	✓											
Support Link Inc Nhtd	All Other												
Dykstra Todd Bryan Rpa	All Other	✓				✓	✓	✓		✓	✓	✓	
Stetzer Lee	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Laplante Steven P	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Whiteside Beth	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Abraham Lisa Puthuparampil	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
David Jason Ellenbogen Dpm	All Other												
Dolinsky Christophe	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Northrop Jennifer	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Whiteside Michael	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Martorana Sebastian Vincent	All Other	✓				✓	✓	✓		✓	✓	✓	
Salimah Dhanani Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
William H Montgomery Jr	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Craig Maier	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Tanya Nicole Needham	All Other	✓											
Elguero Carlos	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Kathryn Hogan	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Lawrence James Patrick	All Other												
Mohammad Etlajjar	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Lagrange Brent Foster	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Samy Sanjay Anantha Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Shatynski Todd	All Other												
Tariq Sayed	All Other	✓											
Wickman Douglas	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Stutz Helen Rita Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Greer Alyssa Rpa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hazimeh Yusef Md	All Other	✓											
Teppo Deborah Lynn Lcsw	All Other	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Madala Padmaja Md	All Other	✓	✓						✓	✓		✓	
Amsden Tracy Rpa	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	



New York State Department Of Health
 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Allison Stefanie L Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Daraban Nicoleta Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Reutzel Laura	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Noyes Kimberly	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Dougherty Katherine	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Chopra Rupal Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Laufer Andras Laszlo Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Butterfield Rebecca C Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Canete Jonathan J Md	All Other	✓											
Napier Mark B Md	All Other	✓											
Dickson Matthew J Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fitzpatrick Michael Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Yamamoto Junichi Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Hanakova Marcela Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
P R O M E S A	All Other	✓						✓			✓	✓	✓
Doyle Robin M Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Varghese Noel Md	All Other	✓	✓						✓	✓		✓	✓
Kuo Ramsay	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Betit Alan	All Other	✓				✓	✓	✓		✓	✓	✓	✓
Pauze Daniel K Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Moses Eric Daniel Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Qualia Cary Michael Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Neubert Stefanie S	All Other	✓											
Lahtinen-Aley Kristina Marie Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Rohan Darren I Md	All Other	✓											
Smitas Catherine Malone Md	All Other	✓				✓	✓	✓		✓	✓	✓	✓
Strauss David Noah Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lisella Jordan Mills Md	All Other												
Smith Marsha	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Ens Healthcare Man Lic Tbi	All Other	✓											
Gusten William M Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Condry James Dearien Jr Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Raveendranath Brooke A	All Other	✓				✓	✓	✓		✓	✓	✓	✓
Beauchamp Cara E Rpa	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Bleser Karen Md	All Other	✓											
Angelotti Marietta Md	All Other	✓											



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Nelson Dina S Md	All Other												
Aboelsaad Farag Wanees Farag Md	All Other	✓											
Marshall Jonah Scott Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Vasquez Deborah A Md	All Other	✓	✓						✓	✓		✓	
Saltzberg Stephanie Sharyn Md	All Other												
Varone Ricky A Rpa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Thomas James Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Wolf Lisa J Rpa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Shahata Hani L Md	All Other	✓				✓	✓	✓		✓	✓	✓	
Wasniewski Holly L Md	All Other	✓				✓	✓	✓		✓	✓	✓	
Goetz David H Md	All Other	✓					✓						
Integrated Medical Professionals Pl	All Other												
Hinds Marcel Eldon Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Unity House Of Troy Mh	All Other												
Woolley Wendy Lee Do	All Other	✓											
Mckinney Sue Peterson Rpa	All Other	✓				✓	✓	✓		✓	✓	✓	
Ulster-Greene Arc	All Other	✓				✓							
Noori Khalid A Md	All Other												
Bloss Christopher A Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Nguyen Hung Dinh Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Greenwald Lisa	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Deckelbaum Scott Howard Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Osborn Kyle Thomas Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Greenfield Country Medicine Pllc	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Miller Kristin M Rpa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Yamada Jennifer Susan Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gorczyński Christopher Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Beyer Todd David Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Morgan Ayman Md	All Other	✓				✓	✓	✓		✓	✓	✓	
Yamada Brian S	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Clark Sara N Md	All Other	✓											
Cadigan Beth Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Lynch Timothy Joseph Francis Dds	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Katz Benjamin S Md	All Other	✓											
Mann Stephanie Elise	All Other	✓											
Rodden Mary Np	All Other	✓											



New York State Department Of Health
 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Hobbs Patricia	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Owen Claudina	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mcmaster Aimee	All Other	✓											
Vandepol-Rimash Maria	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Burke Michael Kevin Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Phelan Donna K Md	All Other												
Ferrillo Martin	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Faroqui Fazal G Do	All Other												
Schuster Michael Edward	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Stephens Christopher S Rpa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hudson Valley Mental Hlth Ln	All Other	✓											
Pearl Street Counseling Cente	All Other												
Sood Vinay Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Broderick Bethany Md	All Other												
Hellwitz Frederic Jon Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Kaw Pamela Md	All Other	✓	✓						✓	✓		✓	✓
Capello Seth Alexander	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shaffer David Richard Md	All Other												
Retina Consultants Pllc	All Other	✓											
Tan Henry T Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Coombes John Michael Christopher Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Coombes Sereena Carol Md	All Other	✓											
Iqbal Anjum Md	All Other												
Katz Linda G Np	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Bailey Kelly Ann Np	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Verrico Ivelisse Ann Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Sgambati Carl Willard Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Szilak Illya	All Other	✓											
Powers Marianne Np	All Other	✓											
Kucij Lyn Irene Rpa	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Stetzer Rebecca	All Other	✓											
All Metro Home Care Services Of New	All Other	✓											
El-Mohtar Kody Khallad Assad Md	All Other	✓											
Samedov Nikolay Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Tarte Michelle L Rpa	All Other	✓											
Winchester Susan B Np	All Other	✓				✓	✓	✓		✓	✓	✓	✓



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Hildreth Deborah A Rpa	All Other	✓				✓	✓	✓		✓	✓	✓
Weaver Jacqueline Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Nysarc Dutchess County Day	All Other											
Living Resources Corp Day	All Other	✓			✓				✓	✓	✓	✓
Center F/Disab Svcs Day	All Other	✓	✓		✓	✓	✓	✓	✓		✓	✓
The Workshop Inc Hcbs Day	All Other											
Gateway Community Ind Day	All Other											
Devereux Foundation Day	All Other											
Saunders Jessica Ann Md	All Other	✓										
Zieker Christopher Robert Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hill Linda J Do	All Other	✓					✓					
Thompson Sandra Marie Np	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Choudhary Madhuchanda Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Catholic Char Dds Day	All Other	✓	✓	✓	✓	✓	✓	✓			✓	✓
Postal Eric S Md	All Other	✓										
Cooper Benjamin Z Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Janice Prime Care Medical Pc	All Other											
Borrelli Karin	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Steckley Renee E Rpa	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Clark Melinda Beth Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Mcbiles Mike Md	All Other	✓										
Nappi Anthony Gerald Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Pawlinga Christophe	All Other	✓										
Michelena Karen X	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ludwig Samantha Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Leonidas Leonard Al Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Kim Sun Jin Md	All Other											
Bernad Jason Edward Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Afsarkeshmiri Armin Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Flynn Dedra Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Khera Kanwarjit S Md	All Other	✓										
Comley Sood Shannon Md	All Other	✓										
De Arup Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Dadian Nishan	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mijovic-Das Snezana Ana H	All Other	✓										
Blackburn Chame Curtis Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓



New York State Department Of Health
 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Silverstein Mesidor S Md	All Other	✓										
Wang Robert Shih-Ning Md	All Other	✓										
De Elise J B Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Palmer Michelle N	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
O'Meara-Zimmer Kimberly J Np	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Compa Kristen Leigh Md	All Other	✓				✓	✓	✓		✓	✓	✓
Herzog John Christopher	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schlossberg Howard Robert Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pomichter John Stanley Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Wladis Edward Joel Md	All Other	✓										
Connors William Patrick	All Other	✓										
Seedhom Ashraf E Md	All Other											
Flanagan Jean Ansari Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hickey Lynn Leitner Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Friedman Cynthia Susan	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kerr Hamish Alistair Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Shir Irene	All Other											
Kamal Syed Anwar Md	All Other	✓					✓					
Reynolds Frederick D	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Samaritan Hospital	All Other											
Irani Danesh S Rpa	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Horn Elizabeth C	All Other	✓										
Zeronda Stephanie Rpa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
King-Hall Pamela	All Other	✓										
D'Avella Wendy K	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Thompson Shannon E	All Other	✓										
McGaffin Christina E	All Other	✓				✓	✓	✓		✓	✓	✓
Rosas Kevin E Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lloyd Adam Taylor	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Hicks Steven D	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Lindstrom Jennifer E Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
German John William Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Pilpel Sylvia E Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Barats Lev Leonidovich Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Moss Vance J Md	All Other	✓										
Center F/Disab Svcs Rsp	All Other	✓	✓		✓	✓	✓	✓	✓		✓	✓



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Ungerland Michael J Rpa	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Zamer Joshua D Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pan Phillip Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Nigam Ankesh Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Shpak Mikhail M Do	All Other												
Catholic Charities Dds Rsp	All Other	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Gildersleeve Rebecca Ann Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Woodruff Barbara A Rpa	All Other	✓			✓	✓	✓	✓		✓	✓	✓	
Campagna Kristine J Do	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Deteso Damon Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Defrancisco John Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Living Resources Corp Rsp	All Other	✓			✓				✓	✓	✓	✓	
Nigam Sujatha A Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Berman Jessica Dembitz Md	All Other	✓				✓	✓	✓		✓	✓	✓	
Saunders Patricia V Md	All Other	✓	✓		✓	✓	✓		✓	✓	✓	✓	
Center F/Disab Svcs Fsr 2	All Other	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Center F/Disab Svcs Fsr 1	All Other	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Jellinger Robert M Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Soab Medical Pc	All Other												
Biglane Rayma	All Other												
Sethi Dinesh Md	All Other												
Santiago Allan Realin Md	All Other												
Caiazza Margaret	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Olds Tia D Md	All Other												
Bughrara Nibras	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Mookherjee Sulagna Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Kelling Timothy Scott Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lehine Tanya	All Other	✓											
Blackington Colette C	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cossey Jason L	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Cytryn Jacalyn J Mdd	All Other	✓											
Stemper Erin Clarke	All Other	✓											
Torres Camilo G Md	All Other												
Oke Benjamin	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Martin Kristen Hedger Md	All Other	✓				✓	✓	✓		✓	✓	✓	
Phelan Daniel T Md	All Other												



New York State Department Of Health
 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Taggart John B Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mance Joan M	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Greenblatt Carol Lynn Do	All Other	✓				✓	✓	✓		✓	✓	✓	
Spindler John B Rpa	All Other	✓				✓	✓	✓		✓	✓	✓	
Tolentino Rommel M Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Deserre Steven Francis Cnm	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Gold Eric W Rpa	All Other	✓											
Hunter Lauren A Rpa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hettrich Amy L Rpa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Carsillo Vincent James Ii Do	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tedesco Karen Lynn Md	All Other	✓										✓	
Dicerbo Nancy	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Mortazavi Shervin Md	All Other												
Vascular Group Pllc	All Other												
Li Eric	All Other	✓											
Dicaprio Matthew R Md	All Other												
Schneider Jennifer L Rpa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Capital Cardiology Assoc Pc	All Other	✓							✓		✓	✓	
Dejesus Maria Arsyl Dulay Md	All Other												
Wood Bret James Do	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Makavana Jayeshkumar J Md	All Other												
Kearney Andrew S Rpa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Aragona Sharon L	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Stoecklin William	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Murray Amy J	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Churchill Laura Hutchins	All Other	✓											
Bredwood Jacqueline E	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Brady Helen H	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Yadegari-Lewis Nasrene Md	All Other	✓				✓	✓	✓		✓	✓	✓	
Haldeman Iii Richard J	All Other	✓	✓						✓	✓		✓	
Brown Alice D	All Other	✓											
Breen Martin Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Schottler-Thal Carrin Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Lobo Melvyn Albert Md	All Other	✓											
Glick Cheryl M	All Other	✓				✓	✓	✓		✓	✓	✓	
Dawson Schuylar C	All Other	✓											



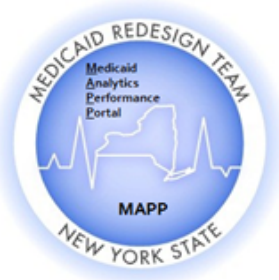
New York State Department Of Health
 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Marici Kathleen Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Oechsner Helena Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Bonanno Joseph Md	All Other												
Berger Sondra Kristen Dpm	All Other	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Di Lullo Joseph Matthew Md	All Other												
Murray Sherrie L	All Other	✓				✓	✓	✓		✓	✓	✓	
Gregg Michael	All Other	✓	✓						✓	✓		✓	
Bogdanov Assen Petrov Md	All Other												
Braga Eileen	All Other												
Brady Ann Theresa	All Other												
Kim Regina Y Md	All Other	✓											
Spear Alison Heather Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Cleveland Byrd Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Long Heather Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Daoui Rachid	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Young Pamela Y Rpa	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Russo Thomas	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Naumowicz Edward T	All Other	✓											
Jones David M	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Gurralla Geetha Md	All Other	✓				✓	✓	✓		✓	✓	✓	
Cloney Holly K Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Baker Judith A	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Collea Rufus Patrick Md	All Other												
Raja Asim Nazir Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Byrne William Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Liebers Edward Martin Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Englander Meridith J Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Valerian Brian Thomas Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Miller Marilyn	All Other	✓					✓						
Kondo Kathleen	All Other												
Flik Anna Grattan Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Limes Britton J Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Paul Arlette Mary	All Other												
Ford David L Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Lu Ping Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Detommasi Allison Rose Md	All Other												



New York State Department Of Health
 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Gill Zaheer Ashraf Md	All Other	✓										
Chang Andrew Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Samson Susan Marie	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Maxwell Steven J Do	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Mustafa Marianne A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schongar Marie Antoinette	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Malin Julia Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Meyer Vincent Edwin Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dedona Andrea M	All Other	✓										
Phelan Carol Beberwyk	All Other	✓			✓		✓			✓		
Belova Natalya Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nicholson Timothy Joseph	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Ralph Walter M Jr Md	All Other											
Sugent-Gray Linda J	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dluge-Aungst Dawn B Rpa	All Other	✓										
Hyland Maureen Annette	All Other	✓										
Trapp Joseph J	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sgarlata Donna L	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Shafer Carolyn H	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Roske Julia H Rpa	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Wiest Daniel R Rpa	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Ochal Michelle	All Other	✓					✓					
Rodrigue Raymond A Rpa	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
O'Brien Michael F	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Diaz-Parker Carl E	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Enzien Ernest M Jr Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Albany Med Ctr Hospital	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Erlikh Tamara Md	All Other											
Case Christopher John Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yamin Mary Christine	All Other	✓				✓	✓		✓		✓	✓
Warner Deborah P	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Santoro Eileen	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rendich Kathleen	All Other	✓										
Rabbin Linda S	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Olszewski Peter	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
O'Loughlin Suzanne	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓



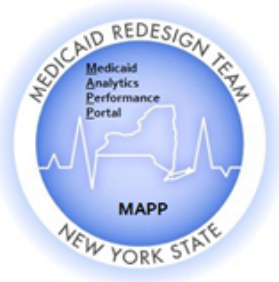
New York State Department Of Health
 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Morse Joyce	All Other												
Matties Regina K	All Other	✓	✓						✓	✓		✓	
Marsh Catherine Louise	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Janowski Darcy A	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Griffin Margaret Anne	All Other	✓											
Gabriel Nancy	All Other	✓					✓						
Flax Harold	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dahl Jeanne A	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Chank Shelly M	All Other	✓											
Gara Maureen	All Other	✓				✓	✓		✓		✓	✓	✓
Kaplan Eugene Daniel Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Offord Stephen Robert Md	All Other	✓					✓						
Chen Wei Yu Md	All Other	✓											
Cahill Ryan M Do	All Other												
Bagchi Kaushik Md	All Other												
Hyde Natalie Ann	All Other	✓				✓	✓	✓		✓	✓	✓	✓
Borden Eric Charles Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Price Marc David Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Boulos Alan Samuel Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Rodriguez-Goodemot Renee B Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hirt Deborah	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Hechanova Arnel B Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Falk Naomi S Md	All Other	✓											
Green County Mental Hlth Mh	All Other	✓	✓			✓	✓	✓			✓	✓	✓
Jones Stephen Paul	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Carrasco Andrea Y Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bayoumy Sayed Mahmoud Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Navarro Brian Scott Md	All Other	✓				✓	✓	✓		✓	✓	✓	✓
Pani Saroj Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Hassett Stephen G Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
McGovern Christine Elizabeth Rpa	All Other	✓											
Siebeneck Aaron J Dpm	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Prasad Manju Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Barba Anne Lauren Phd	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Murray Brian P	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Field William Edward Ii Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Catania Lucien D Md	All Other	✓											
Assevero Anna-Maria D Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Giramonti Karla Michelle	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Chan Cindy Hoying Md	All Other	✓				✓	✓	✓		✓	✓	✓	
Senior Hope Counseling Inc	All Other	✓		✓			✓						
Whyte Mary C Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Nysarc Dutchess Cnty Chap Spt	All Other												
Nysarc Dutchess Cnty Spv	All Other												
Wood Colleen T Np	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Chakraborty Ranen Kumar Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Pauze Denis Robert	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Dittes Paul	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Getzke Nancy L Np	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Albright Lauren Ann	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Wohlfahrt Kristine Marie	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Fabre Lynn D	All Other												
Santoro Carol Rinko Md	All Other												
Seaman Tami Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Center F/Disab Svcs Spv	All Other	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Multi County Cdc Spt	All Other	✓											
Multi County Cdc Spv	All Other	✓											
Greenblatt Michael J Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Living Resources Corp Spt	All Other	✓			✓				✓	✓	✓	✓	
Living Resources Corp Spv	All Other	✓			✓				✓	✓	✓	✓	
Tobolsky Shimon Rpa	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Lopez Janeen Ellen	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Kasarda Karen Marie Rpa	All Other	✓				✓	✓	✓		✓	✓	✓	
Larner Virginia Blake Rpa	All Other	✓				✓	✓	✓		✓	✓	✓	
Catholic Charities Dds Spv	All Other	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Maheshwari Anil	All Other												
Knapp Robin Gail Cnm	All Other	✓				✓	✓		✓		✓	✓	
Basavaraju Nerlige G	All Other												
Denovio Bradley M Rpac	All Other	✓				✓	✓	✓		✓	✓	✓	
Marsh Patricia L Rpa	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Campbell Kathleen Kissane Rpa	All Other	✓				✓	✓	✓		✓	✓	✓	
McGarry Karen A Rpa	All Other	✓				✓	✓	✓		✓	✓	✓	



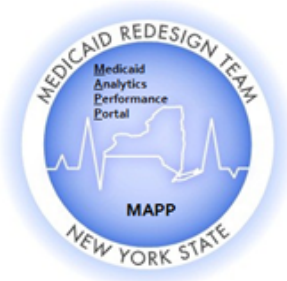
New York State Department Of Health
 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Catholic Char Dds Hcbs 15	All Other	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Emmons George Dpm	All Other												
Petraccione Lisa F Rpa	All Other	✓				✓	✓	✓		✓	✓	✓	
May Doreen T Rpa	All Other	✓											
Braden Diane Beers	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Lingat Marie Cheryle P Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Living Resources Corp Hcbs 6	All Other	✓			✓				✓	✓	✓	✓	
Matthews Elizabeth Susan	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Braungart Carol Fritz	All Other	✓				✓	✓	✓		✓	✓	✓	
Goldberg Barry Stuart Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Stein Rhonda Danielle Md	All Other	✓	✓						✓	✓		✓	
Center F/Disab Svcs Hcbs 12	All Other	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Torosoff Mikhail T Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Hopkins Patricia M Md	All Other	✓											
Mandato Kenneth Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Ens Health Care Services Llc	All Other	✓											
Natalenko Irina Md	All Other												
Dempsey Stephen J Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Eaton Carolyn A Md	All Other	✓				✓	✓	✓		✓	✓	✓	
Giantinoto Salvatore J Do	All Other												
Meltz Theresa Ann Rpac	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Muller Susan Marie Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dooley Kevin M Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Puthuparampil Beulah J Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Brennan-Jordan Nancy	All Other	✓	✓						✓	✓		✓	
Espey Kathleen Ann	All Other	✓											
Conway Lillian Marie	All Other	✓				✓	✓	✓		✓	✓	✓	
Jorgensen Shawn P Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pierce Jean Catherine Rpa	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Gradner Jill A Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Pribis Anneke B Md	All Other	✓											
Catholic Char Dds Hcbs 14	All Other	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Capitalcare Medical Group Llc	All Other	✓				✓	✓		✓	✓	✓	✓	
Spektor Boris Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Di Preta John A Md	All Other												
Dailey Michael Winter Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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Mian Badar Munir Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Hutton Jennifer Dpm	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Living Resources Hm Care Ag	All Other	✓			✓				✓	✓	✓	✓
Wilkins Lance Julius Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gateway Comm Industries Smp	All Other											
Center F/Disab Svcs Semp	All Other	✓	✓		✓	✓	✓	✓	✓		✓	✓
The Workshop Inc Smp	All Other											
Warren Washington Arc Smp	All Other											
Living Resources Corp Smp	All Other	✓			✓				✓	✓	✓	✓
Nysarc Inc Dutchess Cnty Smp	All Other											
Mcgork James Rpa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lemons Lorraine S Do	All Other	✓				✓	✓	✓		✓	✓	✓
Hochster Howard James Md	All Other											
Asher Shellie Lynn Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Wise Birute Marija Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Mehta Manish Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Carrelle Raymond J Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Bauer William M Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wayne Joseph T Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Mouzakes Jason Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Ens Hlth Care Mgmt Llc	All Other	✓										
Shur Irina N Md	All Other											
Doyle Todd Harrison Md	All Other											
Pelnik-Fecko Tricia Ann Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Wingate At Beacon	All Other											
Karatnycky Adrian Paul Md	All Other	✓										
Belvedere Enterprises Llc Tbi	All Other	✓	✓				✓					
Pope Ronald James Do	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Curtin William Md	All Other	✓										
Silver George E Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Santoro Ian Hebberd Md	All Other	✓										
Hunter Philip Raymond Md	All Other	✓				✓	✓	✓		✓	✓	✓
Price Darin Michael Md	All Other	✓				✓	✓	✓		✓	✓	✓
Catholic Char Dds Hcbs 13	All Other	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
Shulof Jennifer Amy	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Saqib Najmus Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



New York State Department Of Health
 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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Andrejuk Tomasz Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Domnich Ilya Md	All Other												
Palmieri Suzanne Do	All Other	✓											
Living Resources Corp Hcbs 5	All Other	✓			✓				✓	✓	✓	✓	
Ehlers Melissa Anne Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Goslin Robert H Md	All Other												
Ozsvath Kathleen Md	All Other												
Thompson Dan Ralph Md	All Other	✓											
Cardiel Alexander Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sama Jalin Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Dawodu Segun Toyin	All Other	✓											
Johnson Charles A Do	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Hinerman Rachel Sue Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
James Philip C Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pasha Muhammad Asghar Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Aitken Geri Lynn Do	All Other	✓				✓	✓	✓		✓	✓	✓	
Pyle Bert William Iii Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mckenna Dennis Patrick Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Sherwood David Edward Md	All Other	✓			✓		✓			✓			
Zhou Peipei Md	All Other												
Gupta Saaket Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Richter Seth Joseph Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Jorgensen Stephanie E Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Papaleo Rafael Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mcconnell Theresa Marie	All Other	✓											
Romero Jenny Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fear Philip J Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Living Res Certified Hha	All Other	✓			✓				✓	✓	✓	✓	
Poli Kim Ann Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Laddis Theodoros Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ricker Kerry Elizabeth Do	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Onghai Benson Go Md	All Other												
Mitchell Nancy Lynn	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Norton Mary Alice	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Prime Donna Rpa	All Other	✓											
Crnkovic Anica Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Ehlers Mary Ellen Md	All Other	✓										
Tonneau Benoit Md	All Other	✓				✓	✓	✓		✓	✓	✓
Mead Daniel H Pa	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Morelli Amy M Rpa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Brueggemann Christina Mchugh	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Flood Christopher Daniel Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cah Center For Disabled	All Other	✓	✓		✓	✓	✓	✓	✓		✓	✓
St Peters Licensed Home Care	All Other	✓										
Ceballos Jeanne Forziat	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Dirisio Darryl John Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Duthaler Todd Douglass Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jacobson Kirsten Elizabeth Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Macdermott Richard Pratt Md	All Other	✓										
Zimring Debra Carol Md	All Other	✓				✓	✓	✓		✓	✓	✓
Das Shankar Md	All Other											
Bown Melissa Ann	All Other	✓										
Sternbach Yaron Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Roddy Sean Peter Md	All Other											
Slatch Carolyn Jean Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Comber Paul Gerald Md	All Other	✓										
Munshi Upender Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Gaston Shenelle R Md	All Other	✓				✓	✓	✓		✓	✓	✓
Boulos Maria Theresa Bajas Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Carillon Nrs Rehab Ctr Adhc	All Other											
Gleason Mary Kathryn	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Funk Deborah Md	All Other	✓										
Mcpadden Marion C Cnm	All Other											
Bell Joseph William	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Phelan John Thomas Ii	All Other											
Brasch Robert C Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Murphy Kathleen A Cnm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ng Bernard	All Other	✓										
Howard Elizabeth A Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Shetty Tharun	All Other											
Evans Stephanie B Md	All Other											
Nardacci Elizabeth Anne	All Other	✓										



New York State Department Of Health
 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
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Wurl Derrick R Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chase Michael P Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Palmieri Philip J Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Venditti Ferdinand Joseph Jr	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Tietjen John Charles Jr	All Other	✓										
Dunn Elizabeth Mary	All Other											
Sahgal Sumir P Md	All Other											
Reed-Esper Sarah Nicole	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Murphy Christine M Md	All Other	✓				✓	✓	✓		✓	✓	✓
Albany Med College Radiology	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Deporto Robert Do	All Other											
Jafri Mokarram H Jr Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ten Broeck Commons Adhc	All Other											
Shapiro Mikhail Do	All Other											
Dunne Christa Md	All Other	✓	✓		✓	✓	✓	✓	✓		✓	✓
Smith Peter Dpm	All Other											
Jorgensen Todd Robert Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lundberg Lori A Dpm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bulford Lionel A Dds	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pintauro Robert	All Other											
Lindman Harry David Md	All Other	✓										
Qian Jiang Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Gomez-Di Cesare Caroline M Md	All Other	✓	✓						✓	✓		✓
Consumer Directed Choices Inc	All Other	✓		✓								
Lahut Barbara K	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Kelleher Ruth Ellen	All Other	✓			✓	✓	✓			✓	✓	
Jacob Rana B Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Dawkins Earl Anthony Rpa	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Maitland Ceceleta Y Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Stam Katherine L Do	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Marici Edward M Do	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Lau Kevin Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kudria Inna Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Hanley Audra J Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Foyt David Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Listman James A Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓



New York State Department Of Health
 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Gandham Vijaya L Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
White Mark Donald Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Wu Nini Choun-Yi Md	All Other												
Zackon Ira L Md	All Other												
Galati Lisa T Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Baker Kenneth J Md	All Other	✓	✓						✓	✓		✓	
D Robbins Podiatry Pc	All Other												
Saluja Ravinder Kaur Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ross Donald Md	All Other												
Levine Carolyn Robbins	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Drzymalski Zofia Wanda Md	All Other	✓				✓	✓	✓		✓	✓	✓	
Murphy William Patrick Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Alarcon Gabriel Baldomero Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Wright Stuart B Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kumar Raman Md	All Other												
Goldenberg Kelly A Cnm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Litynski James	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Hajar Marilyn	All Other												
Shah Parag S Md	All Other												
Donohue Robert	All Other	✓				✓	✓	✓		✓	✓	✓	
Morris Robert Scott	All Other												
Benton Robert E Md	All Other												
Bala Virinchi	All Other	✓	✓						✓	✓		✓	
Merriman Joann	All Other	✓				✓	✓	✓		✓	✓	✓	
Ogbuji Princewill O Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Buhac John Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Folger Walter H Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Hogan-Moulton Amy E Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Nussbaum Jack Md	All Other												
Gebhard Paul E Jr Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Block-Galarza Jessie A Md	All Other	✓											
Dexter Scott C Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
O'Brien James Joseph Md	All Other												
Lenefsky Ronald I Md	All Other												
Czerwinski Maria H Md	All Other	✓			✓	✓	✓				✓		
Buhlinger Christine A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

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Towner Robert A Md	All Other											
Monzur Mohammed Ali Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
New York Oncology Hematology	All Other	✓										✓
Foster David E	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Daley Lisa M Md	All Other											
Living Resource Corp Tbi	All Other	✓			✓				✓	✓	✓	✓
Resta Regina Md	All Other											
Kolodziej Michael A Md	All Other											
Watsky Jay G Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Eldeiry Samer S Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Ramani Ananthakrishnan Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Goyer Richard Paul Jr Md	All Other	✓	✓						✓	✓		✓
Dearth Christine Cillis Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kamenir Steven A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kondo Nicholas Ivan	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cohen Aaron Howard Md	All Other											
Beegle Scott H Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Patel Mahendra Ambalal Md	All Other											
Kamath Sachin Narsinha Md	All Other											
O'Brien Joanne Elizabeth	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Graney Sheela Md	All Other	✓			✓		✓			✓		
Rosales Manuel Ramos Md	All Other											
Baldini Gleda P Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Azad Abul Kazam Md	All Other	✓				✓	✓	✓		✓	✓	✓
Damore Dorothy Taylor	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Shapiro Fred Md	All Other											
Paeglow Robert John Md	All Other	✓	✓		✓	✓	✓		✓	✓	✓	✓
Kogan Barry Allan Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Sai B Gandham Md	All Other	✓										
Caracandas John E Md	All Other											
Cirenza Emanuel Nicholas Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Ares Carlos Alfredo Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Napoli Michael A Dpm	All Other											
Schneider James Michael Md	All Other											
Reider Jacob Michael Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Santella Donald Richard Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



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Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

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Kaufman Lawrence S Md	All Other	✓	✓		✓	✓	✓	✓	✓		✓	✓
Nysarc Dutchess County Hcbs 2	All Other											
Wingate Of Ulster	All Other											
Greenspan James Scott Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Chowdary Sunita Kollu Md	All Other											
Allard Ingrid M Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Diaz Alan	All Other											
Taccad-Reyes Sandra Carlos Md	All Other	✓				✓	✓	✓		✓	✓	✓
Gordon Peter Eliot Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Birnbaum Eliot L	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Scialdone Claude Joseph Md	All Other	✓										
Celestin Jocelyn Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kiehl Anita Md	All Other											
Albany Medical College	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Taneja Sanjay Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Brennan Tracey Lynn Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sagar Sushil Md	All Other											
Chang Theodore Tuan Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Visiting Nurse Assoc	All Other	✓	✓		✓				✓	✓	✓	✓
Tietgens Sharon T Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Parikh Nita S	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Nazeer Tipu	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Krizar Stephen Lewis Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Jennings Timothy A	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Gerety Gregg F Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Carlson John A Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Boguniewicz Anna B	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Bakst Gary Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Empire Home Infusion Svc Inc	All Other											
Ali Shehzad	All Other	✓										
Brasch Mary L Md	All Other	✓				✓	✓	✓		✓	✓	✓
Thibodeau Lorraine G Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Merkhan Samuel Kabriyel Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Herr Allen Michael Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Velvis Harmannus Md	All Other											
Hawthorne Jami M	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓



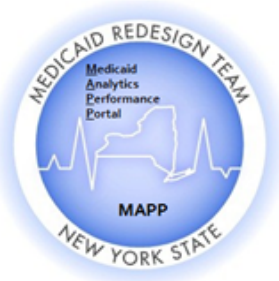
New York State Department Of Health
 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
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Tai Muhammad Siddique Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kirkpatrick Douglas Peter	All Other	✓											
Schynoll Gerald Klaus Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Millett Jeanne Marie	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Mane Archana Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Diaz Miguel Remigio Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Sirico Theresa A Do	All Other	✓				✓	✓	✓		✓	✓	✓	
Cheney Robert Alan Md	All Other												
Cotugno Steffani Do	All Other	✓				✓	✓	✓		✓	✓	✓	
Chava Prabhakar Rao Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Shustarovich Alla Md Pc	All Other												
Kufs William Michael Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kimble David Michael Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Diana Mary G Md	All Other	✓				✓	✓		✓		✓	✓	
Roche Sean Patrick Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Chernoff Daniel Michael Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Albany Medical College Of Uni	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Livshits Aleksandr Md	All Other												
Mendola Antony J Md	All Other												
Gupta Vinita Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Desemone James Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Kanwar Vikramjit S Md	All Other	✓											
Lechowicz Andrzej Jan Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Alagna Paul G Md	All Other	✓											
Salenger Page Valery Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Qualtere-Burcher Paul D Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Morawski John L Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Hoffert Eugene Joseph Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Kreienberg Paul Boyd Md	All Other												
Wingate At Dutchess Inc	All Other												
Signor Connie J	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Baghel Ashok Md	All Other												
Cosgrove Ellen F Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Wymer James P Md	All Other	✓											
Ribons Lisa Ann Do	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Contractor Salim G Md	All Other												



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Siskin Gary P Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Holcomb Alvin D Md	All Other												
Yousuf Asim Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Jameson Gerardus L Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gupta Vinod Kumar Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Any-Time Home Care Inc Tbi	All Other	✓			✓	✓			✓				
Lucas Judith Anne Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Kanaan Camille M Md	All Other	✓											
Deblock Heidi Frutchy Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Benoit Marcel M Md	All Other												
Cutler Amos B Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Zabinski-Kramer Kathleen Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Moore Susan Elaine Md	All Other	✓											
Tallman Mark Patrick	All Other												
Dexter Martha Evelyn	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Syed Zainul-Abideen Md	All Other	✓											
Sipperly Stephen F Do	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Lee Edward Choongho Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Oconnor William Walter Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mitkoff Nathan B Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Schenectady Co Chap Nys Arc	All Other												
Astor Home For Children Fbt	All Other												
St Catherines Ctr/Child Fbt	All Other	✓											
Senick Joyce M	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mongiovi Russell J	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Volfinzon Leonid Medical Pc	All Other												
Downey Kathleen Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Jacobs Hugh Frederic Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Chaudhry Sanjay Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mifsud Mindy	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Catholic Charities Tbi	All Other	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Robertson Richard C	All Other	✓											
Seton Health System	All Other												
Samuels Sharon B Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Bock Katja Elizabeth Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mccullough Andrew Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Albany Medical College Of Uni	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Weaver Susan Adele Md	All Other												
Riddick Linda M Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Spirig Andreas M Md	All Other												
Mason Appleton Adams Iii	All Other	✓											
Hospodar Paul Peter Md	All Other												
Child & Fam Guid Ctr Adict Sv	All Other												
Woods Margaret Mary Md	All Other	✓				✓	✓	✓		✓	✓	✓	
Kuhar Gordon N Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mckeeon Elisabeth Waterman Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Sonn James Jin Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bevilacqua Lisa Rose Md	All Other	✓				✓	✓	✓		✓	✓	✓	
Ortiz Gordon Michael Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Millar Robert David Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Sanders Alan M Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Alley R Maxwell Md	All Other												
Schumacher Thomas C Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sacco Joseph P Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Stern Jeffrey H Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hoover Eric Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Mastrianni David M Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Liporace Ralph L Md	All Other	✓											
Landy Robert Jay Dpm	All Other												
Paty Philip S K	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Lee Josephine M Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Simon Elisabeth	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Michailides-Townsend Sally M	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Ianniello Louis Md	All Other	✓				✓	✓	✓		✓	✓	✓	
Fusella Joseph Ii Do	All Other	✓				✓	✓	✓		✓	✓	✓	
Gaylord James Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Kredentser Daniel C Md	All Other	✓											
Chu Alan L Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Costello Kevin B Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Fish Douglas G Md	All Other	✓											
Kelty Robert Walter Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
O'Leary Anthony M Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	



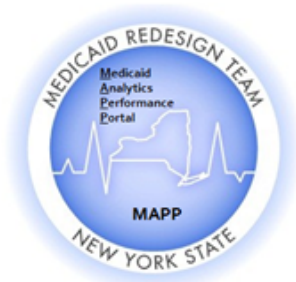
New York State Department Of Health
 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Yee Lily Fong Cho Md	All Other												
Lasalle School Inc	All Other												
Furst Branko Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Justa Shelley Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Gibbons Susan K Md	All Other	✓											
Moran Antoinette Collins Rpac	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Vinh Phuong Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Melamed Daniel E Md Pc	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Conifer Park	All Other	✓					✓						
Hellman Lance I Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Boenau Ioliene Beth Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pinto Gregory L Md	All Other	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Kircher Mark Taylor Md	All Other	✓											
Kesner Rubin Do	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Porter Joanne C Md	All Other	✓											
Higgins Elizabeth A Md	All Other	✓											
Mitchell I Weinstein Do Pc	All Other												
Davison Edwin Allen Jr Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lee Arthur Farren Md Pc	All Other	✓				✓	✓	✓		✓	✓	✓	
Gujral Maninder S Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fishel Stephen C Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pezzulo John Phillip Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Schnakenberg Eric C Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Knapp George Sterling Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Thorn Lisa Marie Md	All Other	✓				✓	✓	✓		✓	✓	✓	
Cohoes City School District	All Other												
Card Harold George Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Schaffer Hal K E Md	All Other	✓											
Jones Richard Eaton Dpm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Salama Meir Md	All Other												
Pike Denning Vanessa L Md	All Other	✓											
Yocono Mark A Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Demarco Linda C Md	All Other												
Morris Barbara A Md	All Other	✓											
Whittier Rehab & Skilled Nrs Ctr	All Other												
Viola Theresa Md	All Other	✓				✓	✓	✓		✓	✓	✓	



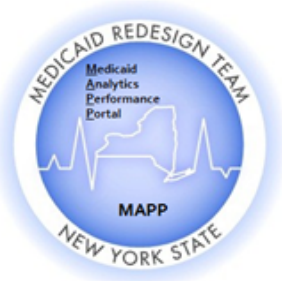
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
King Charles Christopher Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Esper Daniel William Md	All Other												
Knoeller Amy Eileen Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Accent Health Care Services	All Other												
Berkowitz Richard	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lackey Mary Michele	All Other												
Luidens Mary K Md	All Other	✓											
Morley John N Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Accent Health Care Svcs Inc	All Other												
Daly Pamela Lynn Dpm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Balot Barry Hal Md	All Other												
Verra Mark A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Patel Nileshkumar Gokal Md	All Other												
Dweck Laurie Jo	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Spingarn David H Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Desai Nimesh Shashikant Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Shaker Pediatrics Pc C	All Other	✓			✓		✓			✓			
Glaser Lewis A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mchugh Brian Anthony Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Starnes Hal Fletcher Jr Md	All Other	✓											
Merecki Eugene Karl Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Larosa Joseph M Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lemanski Paul Md	All Other	✓				✓	✓	✓		✓	✓	✓	
Hope House, Inc.	All Other												
Triner Wayne R Md	All Other	✓											
Bellin Joyce Lea Pa	All Other	✓				✓	✓	✓		✓	✓	✓	
Thomas Christopher W Md	All Other	✓											
Living Resources Corp. Dyckman	All Other	✓			✓				✓	✓	✓	✓	
Militar Epifanio Iguidez Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bedford Sharon L Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Bruce Victor G	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Pascual Arsenio George Md	All Other	✓				✓	✓	✓		✓	✓	✓	
Nijjar Gurkirpal S Md	All Other	✓	✓						✓	✓		✓	
Kaufman Ronald P Jr Md	All Other	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Bartholomew Catherine R Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Miller Cynthia H Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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Leinung Matthew C Md	All Other	✓										
Arnold Hendrick Jr Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Weiss Robin	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Dort Janice Beth	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Romer Richard Alan Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Andriakos Peter George Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Python John Patrick Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Galati James Edward Dds	All Other	✓					✓					
Jacobson Sig-Linda Md	All Other	✓										
Warszawa-Ambros Maryla A Md	All Other	✓			✓		✓			✓		
Schick Karen Wynne Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Cole Peter Ramon Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Skory David S Md	All Other											
Quinn David Edwin Md	All Other											
Morin Michael P Md	All Other	✓				✓	✓	✓		✓	✓	✓
Willen Michael A Md	All Other											
Cavaliere Ludovico F R Md	All Other	✓										
Anand Vinod Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Byrt William T Md	All Other	✓										
Delago Augustin J Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kuettel Thomas J Md	All Other											
Flatau Irene Ruth Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Golden Owen Md	All Other											
Nielson Robert P Jr Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fuhrman Solomon M Md	All Other	✓					✓					
Argoff Charles E Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Cerda Jorge Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schwartz Kenneth Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Darling Ralph C Iii Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Frank Alex Harris Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Smith Vivienne E Md	All Other											
Mathews John Francis Md	All Other	✓										
Mirza Shahida Parveen Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Haber Eugene Curtis Md	All Other	✓				✓	✓	✓		✓	✓	✓
Wilbourn Shelby L Md	All Other	✓										
Gilroy Shelley Ann Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓



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 Delivery System Reform Incentive Payment Project

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Albany Medical College Of Uni	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Albany Medical College Of Uni	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Albany Medical College Of Uni	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Albany Medical College Of Uni	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Albany Medical College Of Uni	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Albany Medical College Of Uni	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Devereux Fnd Richmond Icf	All Other												
Devereux Fnd Wittenberg Icf	All Other												
Living Res Corp Cardinal Ave	All Other	✓			✓				✓	✓	✓	✓	
Camp Rodney L Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Schenectady County Pub Hlth	All Other	✓											
Kandath David D Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Schenectady Cnty Public Hlth	All Other	✓											
Salehi Freshteh Md	All Other												
Saunders Richard A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Khullar Anil Kumar Md	All Other	✓											
Amin Hiral Natwarlal Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Dubin Andrew Md	All Other												
Bartfield Joel M Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Dudek Joseph J Md	All Other												
Catholic Charities Wellington	All Other	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Samelson Renee Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Herman David L Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Uhl Richard L Md	All Other												
Dorsey Susan Serra Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Marthy-Noonan Anne K Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Bernstein Michael Paul Md	All Other												
Hosannah Hilton O li Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Hedderman Robert Joseph Md	All Other												
Ross Jeffrey S Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Rienzi Peter Anthony Md	All Other	✓				✓	✓	✓		✓	✓	✓	
Coombs Kenneth E Dpm	All Other												
Roberts Maureen E Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Esposito Russell J Do	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Miller Stuart J Jr Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Dufresne W J Duke Md	All Other												



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Orchard Nursing & Rehab Ctr	All Other											
Philbin Edward F Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Hughes Cindy Weiss Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Beer Paul Marius Md	All Other	✓										
Sandison Michael RI Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Schumacher Cajsja J Md	All Other	✓										
Quarrier John V Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Ray David Allan Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Yan Richard	All Other	✓				✓	✓	✓		✓	✓	✓
Kronick Gary Archer Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Duff Thomas Edward Jr Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Wong Winston C Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Kineke Stephen Francis Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Davis George Fabyan Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Talma Theodore E Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Gudesblatt Mark Md	All Other											
Sarchino William J Dpm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Spinelli Karen Ann Md	All Other	✓				✓	✓	✓		✓	✓	✓
Conti David J Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Robinson Lawrence W Jr Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Ferndiff Nursing Hm Non Occ	All Other											
Any-Time Home Care Inc	All Other	✓			✓	✓			✓			
Tobin Ellis H Md	All Other											
Devine Maria Kansas	All Other	✓	✓		✓	✓	✓	✓	✓		✓	✓
Macina Andrew Md	All Other											
Alderisio William George Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Goldstein Elsa Teresa Md	All Other	✓										
Brooks Timothy Alan Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
820 River Street Inc.	All Other	✓					✓	✓			✓	✓
Valentine Elizabeth A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alfred Richard H Md	All Other											
Visiting Nurses Homecare	All Other	✓	✓		✓				✓	✓	✓	✓
Marinello Anthony James Md	All Other	✓				✓	✓	✓		✓	✓	✓
Tetreault William Robert Md	All Other	✓				✓	✓	✓		✓	✓	✓
Lecours Laura Yates Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Constantino Jorge Lucas Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Adsit Mark G Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fritz Howard Philip Jr Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gerber Allen Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Schenectady Family Health Ser	All Other												
Living Resources Corp. Hays	All Other	✓			✓				✓	✓	✓	✓	
Daughters Of Sarah Non Occ	All Other	✓		✓									
Furci Thomas James Dpm	All Other												
Putman William Erskine M Md	All Other												
Kennedy Thomas M Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Buff Christopher Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Living Resources Corp. Dowling	All Other	✓			✓				✓	✓	✓	✓	
Atalay Hasan Nail Md	All Other												
Scroggins Sandra Rae Md	All Other												
Manjunath Kallanna Md	All Other	✓	✓						✓	✓		✓	
Socaris Sophia Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Hollowell Jean Gaye Md	All Other	✓											
Clinton Henry Louis Jr Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Lafleur Carolyn Md	All Other	✓											
Karo Ronald Solomon Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Campito Mitchel A Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Palat David S Md	All Other	✓											
Albany Medical College Of Uni	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Morere Donald R Jr Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gupta Sindhu Md Pc	All Other												
Burchell Randall Lawrence Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lamparello Peter X Md	All Other												
Subudhi Manoj Kumar Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Mcerlean Mara Ann Md	All Other	✓											
Kumar Arbind Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Snyder Howard Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Buff Daniel David Md	All Other												
Boxt Lawrence M Md	All Other	✓											
Living Resources Corp. Jefferson	All Other	✓			✓				✓	✓	✓	✓	
Cagino Anthony John Md	All Other	✓											
Living Res Corp Balltown Icf	All Other	✓			✓				✓	✓	✓	✓	
Vachon Francois Marc Andre Md	All Other	✓				✓	✓	✓		✓	✓	✓	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
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Scialabba Fred P Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Living Res Corp Schodack Icf	All Other	✓			✓				✓	✓	✓	✓	
Fein Lawrence Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Papandrea Louis M Md	All Other												
Johnston Mary Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Elmendorf Sarah Louise Md	All Other												
Kaaterskill Care Skilled Nrs & Reh	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Kaslovsky Robert A Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Smith Thomas Clinton Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Condy Angela G Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Catholic Charities Warren Icf	All Other	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Basile Dominick Md	All Other												
Boyar George Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pride Boone Janice Md	All Other	✓	✓		✓	✓	✓		✓	✓	✓	✓	
Addictions Care Ctr Of Albany	All Other	✓					✓	✓			✓	✓	
Fuchs Marc D Md	All Other												
Whipple Richard Raybold Md	All Other												
Tristram Debra A Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Walker Michael Francis Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Chang Benjamin B Md	All Other												
Kao Wei Md	All Other												
Rosen Jonathan M Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Stevens Arthur L Md	All Other	✓				✓	✓	✓		✓	✓	✓	
Halbig Robert Joseph Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Albany Medical College Of Uni	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Malamood Howard Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sacco Joseph D Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Paul Jeffrey Thomas Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Britton Lewis W Iii Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Any-Time Home Care Inc	All Other	✓			✓	✓			✓				
Wagle William Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Hughes Peter M Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Chalmers Paul Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pearlstein Gary E Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Maben Wayne Charles Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Blass Joel Mitchell Md	All Other												



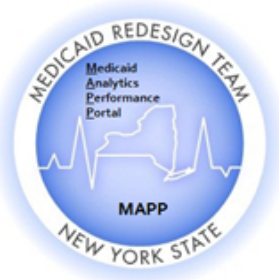
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Gelman Leonard M Md	All Other	✓				✓	✓	✓		✓	✓	✓	
Carl Allen L Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Posada Jose Gonzalez Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Neilley Henry Md	All Other	✓			✓		✓			✓			
Phillips Roland Turner Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Daggett Brian George Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Sacolick Benzion Md	All Other												
Finn Daniel Joseph Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Goldberg Steven Marc Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Community Hospice Inc	All Other												
Pearce Jennifer M Md	All Other	✓											
Baillargeon Neal Arthur Md	All Other												
Snitkoff Louis Md	All Other	✓											
Puranik Arun Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Mitnick Neil Craig Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Bentrovato Donald A Md	All Other	✓											
Semenoff David L Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Horn James F Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Caulfield Patrick Francis Md	All Other	✓				✓	✓	✓		✓	✓	✓	
Barnert David M Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Eisele George Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Home For Aged Blind Adhc/Aadc	All Other	✓		✓									
Edge Walter E li Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Czajka Ellen M Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Digiovanni Louis A Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Jaffe Joshua Md	All Other	✓				✓	✓		✓		✓	✓	
Eddy Vna Twin Counties	All Other	✓						✓			✓	✓	
Tyler Ira M Md	All Other	✓											
Sorum Paul C Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Michalek Ann V Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Schnide Kenneth Ben Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Chen Ying-Jen Md	All Other	✓											
Pagnotta Inez Md	All Other												
Grant Stephen A Md	All Other	✓				✓	✓	✓		✓	✓	✓	
Bloomfield Naomi Terry Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Rosenberger John Daniel Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
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Com Hlth Ctr Of Smh & Nlh Lth	All Other	✓	✓		✓	✓				✓	✓	✓
East Neck Nursing & Rehab Ctr	All Other											
Caramore William J Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Zuravicky Igal Md	All Other											
Com Hlth Ctr Of Smh & Nlh Inc	All Other	✓	✓		✓	✓				✓	✓	✓
Voleti Venkateswararao Md	All Other											
Gill Tarig N Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Parikh Shirish Jayant Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Community Care Physicians Pc	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Atkins Carl D Md	All Other											
Orsi Richard A Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Ulster-Greene Arc Palmer Icf	All Other	✓				✓						
Elacqua Mary S	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Khan Noor Zaman Md	All Other											
Lang Christine M Md	All Other	✓										
Busch Robert Steven Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Goodman Thomas L Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Calamia Vincent Md	All Other											
Phelps Carlton Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Catholic Charities Serena Icf	All Other	✓	✓	✓	✓	✓	✓	✓			✓	✓
Patterson Norman W Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Bannon John David Md	All Other											
Sonnekalb Michael P Md	All Other	✓				✓	✓	✓		✓	✓	✓
Kolber Bryan R Dpm	All Other											
Hoy Christopher Dion Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Eames Frederick Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Conlon Alan T Md	All Other	✓				✓	✓	✓		✓	✓	✓
Vinciguerra Timothy J Pc Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Donovan Glenn J Dpm	All Other											
Starkman Marjorie E Md	All Other	✓										
Putnam David L Md	All Other											
Litwa Wallin J Do	All Other	✓										
Bennett Edward V Jr Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Washington Ronald A Dpm	All Other											
Horgan Michael Joseph Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Monkash Jeff Ira Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓



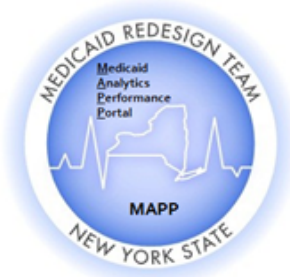
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

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* Safety Net Providers in Green

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Lieberman Ruth L Md	All Other	✓											
Wolfson Mitchell Md	All Other												
Sullivan Andrew Md	All Other	✓											
Weissbart Clyde H Md	All Other												
Garbo Lawrence E Md	All Other												
Baran Andrij Ostap Dimitry Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lefkovits Andrew Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Nolan Florence A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Vna Albany Saratoga Rensselaer	All Other	✓	✓		✓				✓	✓	✓	✓	
Francomano Thomas John Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Twin Cty Recovery Svcs Inc	All Other	✓						✓			✓	✓	
Semlear Robert Dwight Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Cioffi James Michael Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Hendrick William Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Goddard Bryan L Md	All Other	✓				✓	✓	✓		✓	✓	✓	
Weissberg Robert A Md	All Other	✓	✓						✓	✓		✓	
Musto Ronald V Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Scotti Lorenzo Louis Dpm	All Other												
Pozniakas James T Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Haqqie Syed S Md	All Other	✓											
Czajka John Md	All Other												
Caldwell Samuel Smith Md	All Other												
Bruce Melody A Md	All Other	✓											
Rizzo Vito Joseph Dpm	All Other												
Weinberg Gerard Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Visiting Nurs Svc/Schtd & Sar Cnty	All Other	✓	✓		✓				✓	✓	✓	✓	
Mchesney James D Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Beer Ruth Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Dinovis James Paul Dpm	All Other												
Collens Richard Md	All Other	✓											
Rios Zandra M Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Phelps David Millard Md	All Other	✓											
Kolanchick Gary J Md	All Other	✓											
Siniapkin George C Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Nebres Jose F Md	All Other												
Balter Richard R Md	All Other												



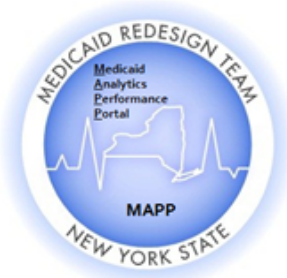
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Shapiro Lee S Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schoenfeld Barton Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Hauer David I Md	All Other											
Depaul Addiction Services Inc	All Other	✓		✓								
Betzhold James John Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Tomiak Henry P Jr Md	All Other	✓			✓	✓	✓	✓		✓	✓	
Rauch Alan Edward Md	All Other											
Ostrov Arthur H Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Henry Clarence Bruce Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Marshall Robert Andrew Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Silk Paul R Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Ells Peter Francis Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Fein Steven Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Saratoga Cnty Comm Srvs Brd	All Other	✓				✓		✓			✓	✓
Greene Elliott Stephen Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Perl Lawrence Mark Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Wolff Michael Leonard Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Bonura Frank Salvatore Md	All Other											
Alegre Catalina	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Strader Stephen Earl Md	All Other	✓				✓	✓	✓		✓	✓	✓
Herlihy Kevin J Md Pc	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alcoholism Council Schen Cnty	All Other											
Jacobs Fred I Dpm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Busino William A Jr Md	All Other	✓				✓	✓	✓		✓	✓	✓
Purcell Peter F Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Lozman Jeffrey Md	All Other											
Capital Region Orth Assoc Pc	All Other	✓										
Saperstone James D Md	All Other	✓				✓	✓	✓		✓	✓	✓
Ford Bradley A Md	All Other	✓				✓	✓	✓		✓	✓	✓
Fusco Joseph J Md	All Other	✓					✓					
Bakhru Usha H Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Shah Dhiraj M Md	All Other											
Patel Vina R Md	All Other											
Pietrocola Donna M Md	All Other	✓										
Packard R Andrew Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Capalbo Ralph H	All Other											



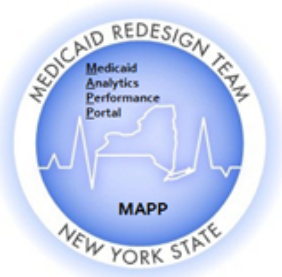
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Baselice Marino Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Albany Cnty Community Svc Bd	All Other												
Fruiterman Roy Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Patil Nagaraja N Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Glasgow Constance Lenore Mdpc	All Other	✓				✓	✓	✓		✓	✓	✓	
Irwin Robert W Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Clark David A Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Woods Norbert J Md	All Other	✓				✓	✓	✓		✓	✓	✓	
Walders James D Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Zeltner Theodore Harold Md	All Other	✓	✓						✓	✓		✓	
Silver Steven M Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Ismail Mohammed Md	All Other	✓					✓						
Agopovich Arsenio Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Pinheiro Steven Md	All Other	✓											
Browne William F Md	All Other	✓											
Waldman John B Md	All Other	✓											
Mika Philip J Md	All Other	✓											
Nepo Anne G Md	All Other	✓											
Jain Rajinder Md	All Other	✓				✓	✓	✓		✓	✓	✓	
Harde Hasmukh C Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Capital District Ped Card	All Other												
Toussaint Jon T Md	All Other												
Roberts Kevin Wilson Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Mitta Swatantra K Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Toll Richard B Md	All Other	✓											
Chin Yin Lee Md	All Other												
Bello Scott C Md	All Other	✓				✓	✓	✓		✓	✓	✓	
Miller Nelson L Md	All Other	✓			✓	✓	✓				✓		
Gay Royal Md	All Other												
Van Rensselaer Manor Snf	All Other												
Vna Of Albany & Saratoga	All Other	✓	✓		✓				✓	✓	✓	✓	
Planned Pthd Mohawk Hudson	All Other	✓			✓	✓	✓				✓		
Albany County Health Dept	All Other	✓				✓			✓	✓			
Ucp Assn Of The Capital Dist	All Other	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Whitney M Young Health Center	All Other	✓	✓						✓	✓		✓	
Columbia Cy Dept Of Health	All Other	✓				✓							



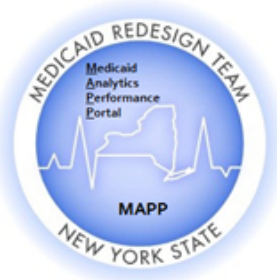
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Greene Cy Public Hlth Nursing	All Other	✓				✓					✓	✓
Greene Cnty Pub Hlth Nurs Ser	All Other	✓				✓					✓	✓
Columbia Cnty Health Dept	All Other	✓				✓						
Quinn Brian O Malley Pc Md	All Other											
Trickey David L Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Albany Medical College Of Uni	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Fruiterman Mark L Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Bertram Michael C Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Kamath Marian D Md	All Other											
Lee Joong Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Rosenberg Stuart A Md	All Other	✓										
Kosinski Norbert Dpm	All Other											
Finger W Edward Jr Dpm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Khoury Nidal Y Md	All Other											
Madeb Isaac Md	All Other											
Jolly George A Md	All Other	✓										
Petersen William A Md	All Other	✓										
Malone Anthony F Md	All Other	✓				✓	✓	✓		✓	✓	✓
Silvers Stewart A Md	All Other											
Richman Charles H Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Fisher Hugh A G Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Rivard Donald J Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Hillinger Stephen Md Md	All Other											
Parnes Steven M Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Macdowell Richard Taylor Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Shamoun Jack Elie Md	All Other	✓										
Spooner Eric W Md	All Other											
Leyhane James C Md	All Other	✓										
Boczko Stanley H Md	All Other											
Millora Angel B Md	All Other											
Lasky Charles W Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
The Springs Nursing & Reh Ctr	All Other											
Stanton Nursing & Rehab Cente	All Other											
Lehine Guy Daniel Md Faap	All Other	✓	✓		✓	✓	✓	✓	✓		✓	✓
Greater Adirondack Home Aides	All Other											
Columbia Memorial Hospital	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓



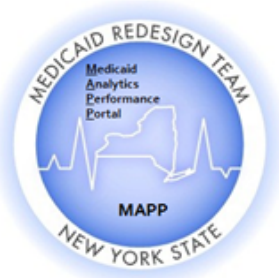
New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

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Peninsula Gen Nursing Home	All Other											
Farrell Richard Md Jr	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gross Eric J Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Komanoff Ctr/Geriatric Rehab	All Other											
Avenue Nursing & Rehab Ctr Sn	All Other											
St Margarets Center	All Other	✓	✓		✓	✓	✓	✓	✓		✓	✓
Teresian House Nrsg Hm Co Inc	All Other											
Poughkeepsie Crossings	All Other											
Catskill Crossings	All Other											
Evergreen Commons Snf	All Other											
Glens Falls Crossings	All Other	✓		✓								
Mountain View Nrs & Reh Ctr	All Other											
Shore View Nursing Home	All Other											
Morningside House Nursing Hom	All Other											
Albany County Nursing Home	All Other	✓										
Dutchess Ctr Rehab Healthcare	All Other											
Sea-Crest Health Care Center	All Other											
Saratoga Hospital	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Upper Hudson Planned Parent	All Other	✓				✓	✓		✓		✓	✓
Ford Jockular B Pc Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Belding Alfred Md	All Other											
Albany Medical Ctr Hospital	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Pp Of Mid-Hudson Valley Inc	All Other											
Tan Alfonso Md	All Other											
Owen Golden Md Pc	All Other											
Rodenmayer Wade Harold Rpa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Martin Jill	All Other	✓				✓	✓	✓	✓	✓	✓	✓
Mack Brigid	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Santos Roberto	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Any-Time Home Care Inc Nhtd	All Other	✓			✓	✓			✓			
Marshall Ryan	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Sheehan Rebecca	All Other	✓	✓						✓	✓		✓
Culp Anita	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Gabree Samara	All Other	✓										
Camillo Reginald Alivia Md	All Other											
Ens Health Care Management Lic Nhtd	All Other	✓										



New York State Department Of Health
 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Rosenbaum Elena	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Astorga Rakel Maria	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Dollard Michael Anthony	All Other	✓				✓	✓	✓		✓	✓	✓	✓
Peter Elliott Fisk	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Gardner Nathan James Rpa	All Other	✓											
Van Meter Jr Charles	All Other												
Monserrate Nicole Marie Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Norton Neal David Jr Rpa	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Birdsey Karen Diane	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Family And Child Services Schen Day	All Other												
Orlovskiy Aleksandr Md	All Other												
Saxena Amit K Md	All Other												
Phung Quentin Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
D'Arcy Allison T Rpa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ampuero Juan	All Other	✓											
Kevin Jones	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Vollmer Kelly J	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
New York Pain Management Pllc	All Other	✓											
Pettigrew-Duffield Pamela	All Other	✓											
Kepner Heather Marie Np	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Wheeler Julie Ann Np	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Fantauzzi John Patrick Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
George D Waterman Jr	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Jeannine Marie Rother	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Wildwood Programs Inc Rec Rsp	All Other	✓			✓	✓		✓		✓	✓	✓	✓
Oretsky Dawn L	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Visiting Nurse Association Of Alban	All Other	✓	✓		✓	✓			✓	✓	✓	✓	✓
Adamo Matthew Armand Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Gerdeman Andrew Charles	All Other												
Mulligan Michael Thomas	All Other												
De Waal Malefyt Stephen Karel Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Cirilla Dennis Jacob Ii Do	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Ferrara Justin Michael	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Davidoff Sam Do	All Other												
Patel Umesh	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Miranda L Dunham Fnpc	All Other	✓											



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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Daniela Iulia Sima	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Abigail R Watson	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Taylor Matthew Arnfin	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Feygin Ruslan	All Other												
Shpitalnik Larisa	All Other												
Dorfman Annette	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Visagie Anina Isabella	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Homan Suzanne Michelle	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Locke Elizabeth Anne Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Ferrando-Dehtiar Natalia Victorovna	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Caesar Mimieux Vanetta	All Other												
Dalfino John Charles	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Fitz Bronwyn	All Other												
Krishnakumar Dundappa Hongalgi Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Southworth Krista Rpa	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Chasin Zacharias	All Other	✓											
Blinkhorn Richard John Jr	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Emily Knuth	All Other	✓											
Fabian Thomas	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Soryal George Fayk Melad	All Other	✓											
Kane Tabitha	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Lubna Valliani	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Tryon Crystal M	All Other												
Simmons Richard J	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Barcomb Timothy F	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
John Delmonte Jr	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Seale-Simpson Marjorie Elizabeth	All Other												
Hogan Eileen Fox	All Other	✓											
Frawley Bridget Kathleen	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
White Bruce David	All Other	✓											
Catholic Charities Of Albany Ptl	All Other	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Dennis J Basila	All Other	✓											
Lyubarova Radmila	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Bull Stephanie J	All Other	✓											
Gsell Jennifer Lee	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Upstate Infectious Diseases	All Other												



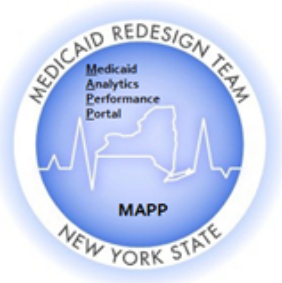
New York State Department Of Health
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Albany Medical Center Hospital (PPS ID:1)

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Ceccucci Janice Lynn	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ulster Green Nysarc Flatbush Bld 3	All Other	✓											
Ulster Green Nysarc Flatbush Bld 2	All Other	✓											
Smith-Foy Barbara	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fogg Jo	All Other												
Bolnick Jay	All Other	✓											
Abel David	All Other	✓											
Barry Kelli Ann	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Mekosh Susan Lynn	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Zen Qin	All Other												
Columbia Memorial Hospital	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Colon Michael	All Other												
Hnath Jeffrey	All Other												
Cohen Jason	All Other	✓											
Carsello Jeffrey	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Turinsky Andrew	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Shepard Timothy Folsom	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
O Malley Rebecca Leigh	All Other	✓											
Cerone Jennifer Rebecca Boden	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Robinson Stacy P	All Other												
Allmendinger Nikki	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Gainor Jonathan P Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Aron Uthayashankar	All Other	✓											
Foulke Llewellyn	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Shukurova Zukhra	All Other												
Datt Chandradai	All Other												
Loytra Oleksiy	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Rau Stefan Thomas	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pachucki Kevin Christopher Rpa	All Other	✓				✓	✓	✓	✓	✓	✓	✓	✓
Parent Colleen E Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Nietsch Hubertus Heinrich	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Pregont Scott Michael	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Omeara Shannon Lauren	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Parker Dawne Louise	All Other	✓											
Mcdermott Nancy Ellen	All Other	✓											
Center For Disability Svcs Nhtd	All Other	✓	✓		✓	✓	✓	✓	✓		✓	✓	✓



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Denny Martin	All Other											
Brilliant Rachelle I	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Hida Sven	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Brakman Patricia	All Other											
Kim Richard Lee	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Leduc Laura Howard	All Other	✓										
Miron Carrie Beth	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gearwar David C	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Waxman Michael Jay	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kanthal Marissa Loren	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Brown Sheryl	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Bakhos Charles	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Thirkannad Indra	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Obeid Leila Ann	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Porter Allison Kay	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Visiting Nurse Assoc/Albany Tbi	All Other	✓	✓		✓				✓	✓	✓	✓
Gowdara Divakara Murthy Md	All Other	✓				✓	✓	✓		✓	✓	✓
Shin Catherine Hekyung	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Baranov Dmitri	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Blaisdell Lauren Mackenzie	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Saha Manish	All Other	✓										
Lifesong Inc Day/Ch	All Other											
Jones Chandra	All Other	✓										
Alshaer Khalil	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Fiorini Jennifer	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Judson Marc A	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Spencer Taylor	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Gresseau Shirley Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Barnwell Nursing & Rehab Cent	All Other	✓		✓								
Kafilludi Ronny	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Rosewood Rehabilitation & Nrs Ctr	All Other											
Hhdl Inc Nhtd	All Other											
Roberts Jared T	All Other											
Hart Ashley Rose	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pacheco Joshua Michael	All Other	✓										
Murtagh Colleen	All Other	✓										



New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Maccio Brenda	All Other	✓											
Rutter Ann	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Goel Nimit	All Other	✓											
Eldakar-Hein Shaden	All Other	✓											
Brake Sami	All Other												
Guptill Gloria G	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Doelken Peter	All Other	✓											
Thevenin Claudwardy	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Barraclough Nancy L Np	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Keating Lawrence	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Alapati Sailaja	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Dolen Michael	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Cousins Joseph	All Other	✓											
Cohen Erik	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Dvorscak Amanda Jayne	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Evangelist Makenzi C Md	All Other												
Mills Pond Nursing & Rehab Ctr	All Other												
Perwaiz Muhammad Khurram	All Other	✓											
Rhymaun Rachel E	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Tenuta Joachim J Md	All Other												
Tilney Peter	All Other	✓											
Varlamov Anna	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Ordogh Debbie	All Other	✓											
Frisch Adam Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Gateway Community Industries Inc Sp	All Other												
Hutchins Elizabeth Ann	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
The Devereux Foundation	All Other												
Detschelt Elizabeth L	All Other												
Hayes Jennifer	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Divvela Satyanarayana Murthy	All Other	✓											
Zahir Mehjabin	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Eromo Ersno Md	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Iqbal Adeel Azmat	All Other												
Reed Monica Renee	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Mohsin Intikhab	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Durie Nicole	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



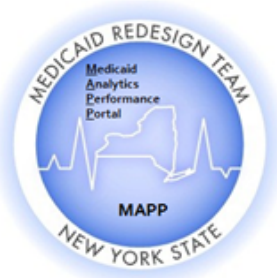
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Yager Janet	All Other											
Phoenix Jennifer	All Other	✓			✓	✓	✓				✓	
Kachurek David P	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Lauren T Siy	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Green Elizabeth Anne	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Renaud Elizabeth	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Cutry Anthony	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Besong Alice	All Other	✓										
Lange Amber L	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Ridge Health Services Inc	All Other											
Thompson-Badamosi Tanya L	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kaiser Laura Marie	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Young Linda	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Afroze Farzana	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Shin Joong	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Matta Mandeep	All Other	✓										
Pilitsis Julie Georgia	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Clark Catherine Nielsen	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
The Devereux Foundation	All Other											
Mallapu Shravan K	All Other											
Stephanie Noyes	All Other	✓										
Janssen Daniel James	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Valerie Thomas	All Other	✓										
Libruk Tara Kristine	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Alternative Living Group Spt	All Other											
Brutus Valerie	All Other	✓										
Rodriguez-Iglesias Realba	All Other											
Wintle Catherine Ann	All Other	✓										
Schnell Jessica Mae	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Parsons Child And Family Ctr	All Other	✓	✓		✓	✓	✓	✓			✓	✓
Dunkerley Christopher J	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Albany Medical College	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Au Angela K Md	All Other	✓										
Belvedere Health Services Llc	All Other	✓	✓				✓					
Medina Christopher	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Brendese Stephen C	All Other	✓				✓	✓	✓		✓	✓	✓



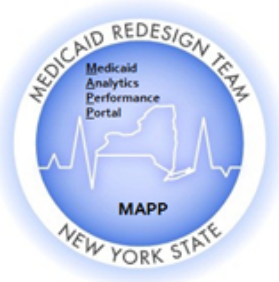
New York State Department Of Health
 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Balog Amy	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
The Devereux Foundation	All Other											
Cieszynski Veronica Eileen	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Mondelo Doreen Perez	All Other	✓				✓	✓	✓		✓	✓	✓
Catholic Charities Of Albany Inc Cs	All Other	✓	✓	✓	✓	✓	✓	✓			✓	✓
Montelone Kimberly Ann Np	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Catholic Charities Of Albany Inc Cs	All Other	✓	✓	✓	✓	✓	✓	✓			✓	✓
Catholic Charities Of Albany Inc Cs	All Other	✓	✓	✓	✓	✓	✓	✓			✓	✓
Catholic Char/ Albany Inc Csz05	All Other	✓	✓	✓	✓	✓	✓	✓			✓	✓
Nickels-Nelson Gina Marie	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Searfoss Linda A	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Catholic Char/Albany Inc Csz02	All Other	✓	✓	✓	✓	✓	✓	✓			✓	✓
Borden Jennifer Lynn	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mastrangelo John Armand	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mccarthy Brigid	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Pastena Gaetano Thomas	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Sazon Alexandr	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Rashid Numan	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wells Catherine	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Pugh John A	All Other	✓										
Kenning Tyler James	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Asif Arif	All Other	✓										
Hansen Philip	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Chismark Anthony David	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Jeannie Ngygen	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Valley Katie Jayne	All Other	✓										
Wilkinson Sarah Jane	All Other	✓										
Snyder Ilona	All Other	✓										
Carsello Carrie	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Tirabassi Michael V	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Jones Rushton Michael	All Other	✓										
Medarov Boris I	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Oakes Jennifer Audi	All Other	✓										
Marchland Maurice E	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Chang Kit Laura Annelise	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Fulton Center Rehabilitation & Heal	All Other	✓										



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Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Weaver Jeffrey	All Other	✓										
Steindler Jason Harrison	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Colman David Lawrence	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Su Xiao	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gandarillas Jesus M	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Black Trevor	All Other	✓										
Halsdorf Courtney Soon Hee	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sharma Vibhavas	All Other	✓										
Garbarino Kathleen Marie	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Memmelaar Angela R	All Other	✓				✓	✓	✓		✓	✓	✓
Clark Kristina Marie	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Nemith Lindsay Mumford	All Other	✓				✓	✓	✓		✓	✓	✓
Ganey Michael Edward	All Other	✓										
Bunch Marjorie	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Lopez Stephen	All Other	✓										
Reed Thomas	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lee Hwa	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Accent Health Care Services Inc	All Other											
Dumrese Danielle Lee	All Other											
Mills Jessica L A	All Other	✓										
Tumuluri Srilaxmi	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Sidhu Mandeep Singh	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Shah Melissa	All Other											
Stein Julie Ann	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Ditursi Mary Kathleen Williams	All Other	✓			✓		✓			✓	✓	
Gozman Alexander	All Other	✓										
Friedrich Marcus Edmond	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Engelhart Heather	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Lipscomb Deanna M	All Other	✓										
Siegel Eric	All Other	✓										
O'Connell Sherie M	All Other	✓										
Mary Patricia Shierly	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Ernst Cheryl Elaine	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Shepard Leigh A	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ronan Alisha Lynn	All Other	✓				✓	✓	✓	✓	✓	✓	✓
Kennedy Jeffrey	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓



New York State Department Of Health
 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

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Blatz Sarah J Pa	All Other	✓	✓						✓	✓		✓
Patel Anar J	All Other	✓										
Hassan Jones Lynn B	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Saratoga Hospital	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Eager Jeremy Morgan	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dibble Colleen M	All Other	✓										
Hedden Jeffrey Louis	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Catholic Charities Of Albany Ics	All Other	✓	✓	✓	✓	✓	✓	✓			✓	✓
Duncan Luke Joseph	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Ellwood Rebecca	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Paige John Alexander	All Other	✓										
Hausman Julia H	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Sukumaran Sunitha	All Other											
Smith Rachel E	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Maddalena Amy Elizabeth	All Other	✓										
Solga Matthias	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lawson Jessica L	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Devereux Foundation	All Other											
Sundaram Vishalakshi	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Gallagher Ellen E	All Other	✓				✓	✓		✓		✓	✓
Huston Jason Michael	All Other	✓										
Vukovic Joseph Thomas	All Other	✓										
Galay Igor	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Mazur Jordan Thomas	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Derouin Laura C	All Other	✓										
Saratoga Hospital	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jhandier Muhammad Nauman	All Other	✓										
Krass Jessica A	All Other	✓										
Troy Crossing Llc	All Other											
Rowlands John	All Other	✓										
Coiteux Yvonne C	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Saratoga Hospital	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Saratoga Hospital	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Columbia Co Arc Ics	All Other	✓		✓	✓			✓	✓		✓	
Jopal Sayville Llc	All Other											
Samuel Jency Thomas	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Oluwole Olakunle Kayode	All Other	✓											
Mathew Roy	All Other	✓											
Chopra Amit	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Shawa Hassan	All Other	✓											
Pluto Luke A	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Bhullar Ravneet	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Morgan Lacey Elizabeth	All Other	✓				✓	✓	✓		✓	✓	✓	✓
Hennessy Elisa	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Mary Kathleen W Ditursi Md Pc	All Other	✓			✓		✓			✓	✓		
Silverman Eric Ross	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Rizzuto Michael J	All Other	✓											
Rcal Inc Day/Ch	All Other												
Saratoga Hospital	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Flaherty Michael Andrew	All Other												
Alpaugh Craig Alan	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Kang Kibbum	All Other	✓											
Shaw Colleen Margaret	All Other	✓											
Frasier Kasandra C	All Other	✓											
Ettekal Yashar	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Abraham Christa Rose	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Tillack Lindsey	All Other	✓											
Pahwa Suneet Singh	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Winston Brion	All Other												
Subik Maria	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Crowe Karen Gisotti	All Other												
Hosaka Mia	All Other	✓											
Vachon Cary Ian	All Other	✓				✓	✓	✓		✓	✓	✓	✓
Bellomo Courtney M	All Other												
Rose Jennifer	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Kimball Randall Mark	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kambam Madhavi Latha Reddy	All Other												
Rooney Danielle Marie	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Bryan Richard	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mueller Kelly	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Parikh Reena	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Tafen Wandji Marcel	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓



New York State Department Of Health
 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Robinson Kristen	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Adetayo Oluwaseun	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Van Amburgh Marilyn	All Other	✓											
Millea Kerry	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Gilbertson Dorothy	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Mary Annelle Collins	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Chaudhary Shawn Ahmad	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Faliszek James	All Other	✓											
Celestine Erica	All Other	✓				✓	✓		✓		✓		✓
Shrinkhla Agrawal	All Other	✓											
Rodriguez-Jaquez Carlos R	All Other												
Kestler Margaret	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kim Kelly-Ann	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tatagari Jayasree	All Other												
Farrell Claudia Sales	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Kane Sujata R	All Other	✓											
Mabry Myra A	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Raggs Hope G	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Henson Jennifer T	All Other	✓				✓	✓	✓	✓		✓	✓	✓
Russell Jennifer Brooke	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Light Deborah I	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Collins Kevin P	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Juyia Rushad Farhad	All Other	✓											
Occhiogrosso Marie Anne	All Other	✓											
Turner Latasha M	All Other	✓	✓						✓	✓			✓
Chan York Sing	All Other												
Monahan Meredyth Leigh	All Other	✓											
Chauvin Rebecca L	All Other	✓				✓	✓	✓		✓	✓	✓	✓
Coloprisco Sara Ann	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Jopal Bronx, Llc	All Other												
Quinn Barbara Hunter	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Almony Danielle P	All Other	✓											
Qandah Juleen Jandali	All Other	✓											
Chu Michael H	All Other												
Fraser Fayanne Maria	All Other												
Gardner Jerry L	All Other	✓											



New York State Department Of Health
 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Wilson Allison Marie	All Other	✓			✓	✓	✓				✓	
Sazon Tatiana	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Deeb Erin M	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Masters Cindy N	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Gross Julia M	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Idelchik Gary M	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ellen Joseph Harry Iii	All Other	✓										
Cooley Michael Robert	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Taylor Ben Frazier	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Burke Kelly Laurice	All Other	✓										
Sheaffer Margaret A	All Other	✓				✓	✓	✓		✓	✓	✓
Tan Josenia Narcisa Mailed	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mansen Roberta	All Other	✓										
Ncrnc, Llc	All Other											
Samson Brianna P	All Other	✓				✓	✓		✓		✓	✓
Golden Hill Planning Corp	All Other											
Maroney Justin V	All Other											
Camphill Hudson Ics	All Other											
Mack Kristin Lake	All Other	✓				✓	✓	✓		✓	✓	✓
Redding Jack Eugene	All Other	✓										
Cooley Christine	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Haber Marc	All Other	✓										
Chow Yvonne	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Liu Baogang	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
White Noah	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Steckman David	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Noonan Jessica	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Narayan Ananth	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Vatsky Seth	All Other	✓										
Larsen Douglas P	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Suchowiecki Kristin M	All Other	✓										
Suchowiecki Mark J	All Other	✓										
Karyn Marie Hughes	All Other	✓				✓	✓	✓		✓	✓	✓
Torre Jenny Ann	All Other	✓				✓	✓	✓		✓	✓	✓
Albany Medical College	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Livingston S & V Operations Llc	All Other											



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Devereux Foundation	All Other											
Mcshane Danine A	All Other	✓										
Daniels Randi L	All Other	✓										
Chaudhary Faisal Rashid	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Slavin Laura N	All Other	✓										
Post David Robert	All Other	✓										
Luthra Munish	All Other	✓										
Gordon-Stacey Carrie	All Other	✓	✓						✓	✓		✓
Crosby Erin Claire	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Joseph Jalaja	All Other	✓										
Newton Scott	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Gold Kristin	All Other	✓										
Jaitovich Adolfo	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Tadros Michael	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Boyd-Smith Molly	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Deroo Andrew	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Wiczulis Alicia	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Zysik Meghan	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Powers Crystal	All Other	✓										
Meagher Colin Patrick	All Other	✓				✓	✓	✓		✓	✓	✓
Muchiteni Tshaka Tapuwa	All Other											
Welliver Robert Charles Jr	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Bossolini Marybeth M	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Weintraub Lauren	All Other	✓										
Nair Arjun	All Other	✓										
Batool Asra	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Farooqi Wiqar	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Chandolias Nikolaos	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Delamater Jeffrey T	All Other	✓				✓	✓	✓		✓	✓	✓
Lingbloom Andrew L	All Other	✓										
Alvarez Nicole D	All Other	✓										
Tortorici Danielle Maria	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Wasacz Christopher John	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Metwally Mark	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Weinreb David	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Black Mandy	All Other	✓	✓		✓	✓	✓	✓	✓		✓	✓



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Cardinale Carmen	All Other	✓				✓	✓	✓		✓	✓	✓
Rijhsinghani Asha	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kirkpatrick Yulia Alexandrovna	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stephenson Lisa	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Glaser Jordan	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Guldenstern Erin	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Scott Walter	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Gosnell Laura Catherine	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ilowit Emily Katharine	All Other	✓				✓	✓	✓		✓	✓	✓
Poon Edward	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kittell Jennifer	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Burrell Keisha Kay	All Other	✓				✓	✓		✓		✓	✓
Paravella Dana W	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Hindson David Fessler	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Casivant Belinda M	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Lisinschi Adriana	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Azam Nyla Khalid	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Mishra Pragnyadip	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Chaudhry Rafia Ishfaq	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Donovan Sean	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Lavelle Daniel Thor	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Matthew I Stein Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rosario Frances	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Bruno Natalie	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Miller Jennifer	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Gicewicz Adam	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Guice Stephanie M	All Other	✓			✓		✓			✓		
MacIellan Allison M	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Micca Emily S	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Potratz Meagan A	All Other	✓				✓	✓	✓		✓	✓	✓
Nagaraj Sharita	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Warner Courtney Jill	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Millett Morgan	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Navarette Kristen Alexandra	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Monroy Prado Mauricio Ricardo	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Walke Ashley Danielle	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓



New York State Department Of Health
 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

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Wales Danielle Patricia	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Vitale Alex Nathaniel	All Other	✓				✓	✓	✓		✓	✓	✓	
Matott Heather Melissa	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Clemente Kimberly	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Espiritu Marvee Gay Santiago	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Ethier Gloria	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Williams-Weekes Terri A	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Garla Sreenivas	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Ennis Corey Elizabeth	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Livolsi Laruen L	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Elsagga Elizabeth	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Albany Medical College	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Langford Stacey	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Lyons Trent William	All Other	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Asare Kofi Sarkokie	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Carlin Kristine Marie	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Jacobs Laura May	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Kozak Craig Robert	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Castma Naika Clara	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Patel Reemaben Rajendrabhai	All Other	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Dall Jacqueline Aimee	All Other	✓				✓	✓		✓		✓	✓	
Dutchess Cnty Chapter Nys Arc	Uncategorized												
Alternative Living Group Mr	Uncategorized												
Nysarc Dutchess County Hcbs	Uncategorized												
Catholic Charities Dds Hcbs 1	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Alternative Liv Grp Hcbs 1	Uncategorized												
Cath Char Dev Dis Albany Mr	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Alternative Liv Grp Hcbs 2	Uncategorized												
Catholic Charities Dds Hcbs 2	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Catholic Charities Dds Hcbs 3	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Catholic Charities Dds Hcbs 4	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Catholic Charities Dds Hcbs 5	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Catholic Charities Dds Hcbs 6	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Alternative Liv Grp Hcbs 3	Uncategorized												
Catholic Charities Dds Hcbs7	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Alternative Liv Grp Hcbs 4	Uncategorized												



**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Catholic Charities Dds Hcbs8	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Catholic Charities Dds Hcbs 9	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Catholic Charities Dds Hcbs10	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Columbia Co Community Health Care	Uncategorized	✓	✓		✓	✓	✓	✓			✓	✓	
Catholic Char Dds Hcbs 11	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Catholic Char Dds Hcbs 12	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Alternative Liv Grp Hcbs5	Uncategorized												
Loretta Grimm	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Catholic Char Dds Hcbs 16	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Alternative Liv Grp Hcbs 7	Uncategorized												
Catholic Char Dds Hcbs 17	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Catholic Char Dds Hcbs 18	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Catholic Char Dds Hcbs 19	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Catholic Char Dds Hcbs 20	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Catholic Char Dds Hcbs 21	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Catholic Char Dds Hcbs 22	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Alternative Liv Grp Hcbs 8	Uncategorized												
Alternative Living Group Nd 1	Uncategorized												
Alternative Living Group Nd 2	Uncategorized												
Catholic Charities Dds Nd 1	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Catholic Char Dds Hcbs 23	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Cath Charities Hcbs 24	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Omrdd/Resource Ctr F/Access	Uncategorized												
Nysarc Inc Dutchess Cnty Nd 4	Uncategorized												
Schenectady County Chapter Nysarc	Uncategorized												
Catholic Charities Dds Nd 2	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Catholic Charities Hcbs 25	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Alternative Liv Grd Cbs 9	Uncategorized												
Catholic Charities Hcbs 26	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Colonie Senior Service Centers Inc	Uncategorized												
Health System Services Ltd	Uncategorized												
Parsons Child And Family Center B2h	Uncategorized	✓	✓		✓	✓	✓	✓			✓	✓	
Catholic Charities Dds B2h	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Catholic Charities Dds Hcbs 27	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Catholic Charities Dds Hcbs 28	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Resource Ctr/Accessible Liv Tbi	Uncategorized												



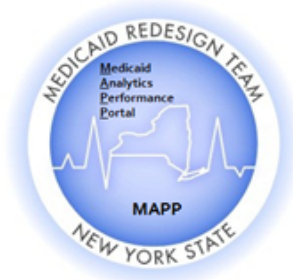
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Patricia Saunders	Uncategorized	✓	✓		✓	✓	✓		✓	✓	✓	✓	
Wildwood Programs Inc	Uncategorized	✓			✓			✓		✓	✓	✓	
Katri Noble-Johnson	Uncategorized	✓	✓		✓	✓	✓	✓			✓	✓	
Ryan Youngs	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Kenneth Lampert	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Julie Scherer, Np	Uncategorized	✓				✓	✓	✓		✓	✓	✓	
Loso Joelle	Uncategorized												
Beighey William	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Haberland Jessica Dr.	Uncategorized												
Hulett Joseph	Uncategorized												
Cretekos Peter Mr.	Uncategorized												
Mills Tracy	Uncategorized												
Center For Remote Medical Management Llc	Uncategorized												
Martha Farber	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Vincent Verdile	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Conlee Brent	Uncategorized												
Rosen Linda	Uncategorized												
Bakowski Susanne	Uncategorized												
Thomas Templeton	Uncategorized	✓	✓		✓	✓	✓	✓			✓	✓	
Katie Gregg	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Yayoi Miyajima	Uncategorized	✓		✓			✓						
Megan Applewhite	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Fortin Robert	Uncategorized												
Christopher Barela	Uncategorized												
Ulster-Greene Arc - Rehab Clinic: Nurmi, Anna (Voc. Rehab-Bachelor'S)	Uncategorized	✓											
Kaitlyn Wiley	Uncategorized	✓	✓		✓	✓	✓	✓			✓	✓	
Deane Sarah	Uncategorized												
James Dewey	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Sara Perkins	Uncategorized	✓	✓		✓	✓	✓	✓			✓	✓	
Patricia Hale	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Sadekoski Richard	Uncategorized												
Bauer Kimberly	Uncategorized												
Ulster-Greene Arc - Rehab Clinic: Weigel, Amy S. (Psych/Abss)	Uncategorized	✓											
Ulster-Greene Arc - Rehab Clinic: Healy, Brian (Psych/Abss)	Uncategorized	✓											
Whitney M Young Jr., Health Center Inc	Uncategorized	✓	✓						✓	✓		✓	



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Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

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Echt Martin	Uncategorized												
Brady Devlin	Uncategorized												
Gross Holly Dr.	Uncategorized												
Kristine E. Andrade, Md	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Whitney M Young Jr., Health Center Inc	Uncategorized	✓	✓						✓	✓		✓	
Riihimaki Meghan	Uncategorized												
Raven Vigars	Uncategorized	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Francine D'Amato	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Byrne Nicole Dr.	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
James Fitzpatrick	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Saratoga Center For The Family, Inc.	Uncategorized												
Neiles Lara	Uncategorized												
Peninsula General Nursing Home	Uncategorized												
Judy Kelleher	Uncategorized												
Anne Taylor, Crna	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mary Riccio	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Wallock Michelle	Uncategorized												
Virginia Pfeil	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Greene County Public Health Nursing Service	Uncategorized	✓				✓					✓	✓	
Back Vincent Dr.	Uncategorized												
Poluzzi LII Raymond	Uncategorized												
Schdy Cnty Public Health Svcs- Cpse	Uncategorized												
Kristyn Cuomo	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Marcus Leslie	Uncategorized												
Elaine Berkun	Uncategorized	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Rowley Christine	Uncategorized												
Conlee Bonnie	Uncategorized												
Belvedere Of Albany	Uncategorized	✓	✓				✓						
Kara Meunier	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Chromczak Christina Dr.	Uncategorized												
Iris Gonzalo-Sowle, Fnp	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hannaford Bros. Co., Llc	Uncategorized												
Ulster-Greene Arc - Rehab Clinic: Califano, Michelle R. (Psych/Abs)	Uncategorized	✓											
Fiorito Thomas	Uncategorized												
Dunn Nancy	Uncategorized	✓											



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Delivery System Reform Incentive Payment Project**

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Family And Child Service Of Schenectady Inc	Uncategorized												
Barra Elizabeth	Uncategorized												
Eaton Mary Mrs.	Uncategorized												
Resource Medical Services Pc	Uncategorized												
St. John Michelle Ms.	Uncategorized	✓	✓		✓	✓	✓	✓			✓	✓	
Jainulabudeen Jalal Mr.	Uncategorized												
Bove Maria	Uncategorized	✓	✓		✓	✓	✓	✓			✓	✓	
Dickinson Timothy	Uncategorized												
Ulster-Greene Arc - Rehab Clinic: Newkirk, Carolyn (Voc. Rehab-Master'S)	Uncategorized	✓											
Vishad Sukul	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Delancey Thomas	Uncategorized												
Ulster-Greene Arc - Rehab Clinic: Merr, Steven B. (Psych/Lmhc)	Uncategorized	✓											
Alexandria A. Sanchez	Uncategorized	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Rick Mclaughlin	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Micho Jerry	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Liang Lisa	Uncategorized	✓					✓						
Dileonardo Greve Mary	Uncategorized												
Ulster-Greene Arc - Rehab Clinic: Spada, Jennifer M. (Psych/Lmhc)	Uncategorized	✓											
People Incorporated	Uncategorized												
Living Resources Home Care Agency, Inc	Uncategorized	✓			✓				✓	✓	✓	✓	✓
Paul Reo	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Padalino Joseph	Uncategorized												
Family & Child Service Of Schenectady, Inc.	Uncategorized												
Family Of Woodstock, Inc	Uncategorized												
Amy Tramaloni	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Melissa Porter	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Ward Thomas	Uncategorized												
Myers Sonja	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fitzgerald Gerald	Uncategorized												
Jennifer L'Heureux, Dmd	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Constance Prince	Uncategorized												
Farber Matthew	Uncategorized												
Gordon Susan	Uncategorized												
Anson Michael	Uncategorized												



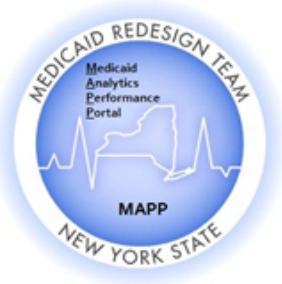
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Tyson Colleen	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Affiliated Pathology Services Pc	Uncategorized												
John Brady	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Mayers Bernadette	Uncategorized												
Bourne Cynthia	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
The Eddy Licensed Homecare Agency	Uncategorized												
Leigh Farry	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Rensselaer Operating Co. DbA Rosewood Rehabilitation And Nursing Center	Uncategorized												
Devereux Foundation	Uncategorized												
County Of Greene	Uncategorized												
Kristen Carrierfenster	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Sullivan Timothy	Uncategorized												
Ambili Nair	Uncategorized												
Rachael Trier Colucciello	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Elaine Hill	Uncategorized	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Fortin Ronald	Uncategorized												
Corsi Patricia	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bovee David	Uncategorized												
Community Maternity Svcs Bfc	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Janne Victoria Rand, Md	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Aarti Pappu	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Piya Ghoshal, M.D.,P.C.	Uncategorized												
Wilner George Dr.	Uncategorized												
Trinity Alliance Of The Capital Region	Uncategorized	✓				✓				✓		✓	
Peter Graves	Uncategorized												
Morningside House Nursing Home	Uncategorized												
H A Schachter Ernest Dicker Etal Shore View Nursing Home	Uncategorized												
Regis Chauvot	Uncategorized												
Candice Mccooey	Uncategorized	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Mcarthur Barbara	Uncategorized												
Koelmel Margaret	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Murphy Sarah Mrs.	Uncategorized												
Nicole Macfarland	Uncategorized	✓		✓			✓						
Golan Lorraine	Uncategorized												
Crowther Alicia	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



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Living Resources Corp. Mahopac	Uncategorized											
Smith Dale	Uncategorized											
Brittany Fitzmaurice	Uncategorized	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Vu Duy	Uncategorized											
Health System Services, Ltd.	Uncategorized											
Mary May	Uncategorized	✓		✓			✓					
Poulin Rebekah	Uncategorized											
Kelman Chad Dr.	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chauvin Patricia	Uncategorized											
Ulster-Greene Arc - Rehab Clinic: Gerstheimer, Nicole E. (Psych/Abss)	Uncategorized	✓										
Molly Ward	Uncategorized	✓	✓						✓	✓		✓
Jacalynn Romeyn	Uncategorized	✓	✓						✓	✓		✓
Nicole Backlund	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Columbia Memorial Hospital	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Eun Mee Ju	Uncategorized											
Ulster-Greene Arc - Rehab Clinic: Douglas, Elliot T. (Psych/Lmhc)	Uncategorized	✓										
Whitaker Karleen	Uncategorized	✓	✓		✓	✓	✓	✓			✓	✓
Querube Santana Rivas	Uncategorized											
Lewis John Dr.	Uncategorized											
Ulster-Greene Arc - Rehab Clinic: Delczeg, Stephanie L. (Psych, Abss)	Uncategorized	✓										
Amanda Dow, Do	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Paul-Michel Dossous	Uncategorized											
Maryam Ibrahim	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Christine Reu-Donlon	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Bernhard Christina	Uncategorized											
Max R. Pollock, Md	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chowdhury F. Miah	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Barry Osthy Sewall, Md	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gary Signor	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Roy Laura	Uncategorized											
Mcdonald Judith	Uncategorized											
Chelsea Kois	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Walton Deborah Ms.	Uncategorized											
Capital District Pc	Uncategorized	✓					✓	✓			✓	✓



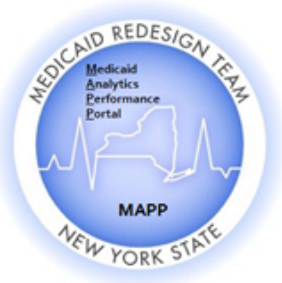
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Abbott Karolyn	Uncategorized												
Morccone Edward	Uncategorized												
Family & Child Service Of Schenectady, Inc.	Uncategorized												
Hrdlicka Maureen	Uncategorized												
Kotula Robert	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Depoli Alessio Mr.	Uncategorized												
Katelyn M. Cullinan	Uncategorized	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Campbell Sharpe Peterson, Crna	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mctague Sarah	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Patrick M. Matolka	Uncategorized	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Kim Taik Dr.	Uncategorized												
Northeast Parent And Child Society, Inc.	Uncategorized	✓	✓		✓	✓	✓	✓			✓	✓	
Welden Catherine	Uncategorized												
Anderson Deborah	Uncategorized												
Nueva-Espana Hermenia	Uncategorized												
Curran Christopher	Uncategorized												
Joanne Ziemann	Uncategorized												
Katharine A. Yoler, Md	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ruffen Frederick	Uncategorized												
Frances Cavanaugh	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Woodworth Diana	Uncategorized												
Sheffer Marla	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Angela Dupuis	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Rufenacht Bonnie	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Paul D'Amico	Uncategorized												
Dmitriy Yukhvid	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Shirley Helen Bates, Crna	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Parker Marcus Dr.	Uncategorized												
Marianne Hunter	Uncategorized	✓		✓			✓						
Karen Lovell	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Leggett Steven	Uncategorized												
Erin Gorman	Uncategorized	✓	✓		✓	✓	✓	✓			✓	✓	
Kelly Bowie	Uncategorized												
East Greenbush Central School District	Uncategorized												
Cronin Deborah	Uncategorized												
Michael Gooch	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	



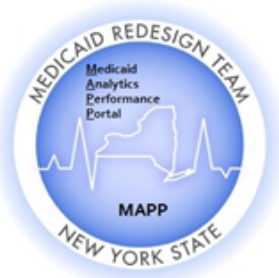
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	
Tara O'Conner	Uncategorized	✓	✓		✓	✓	✓						
Mullin Alexandra Ms.	Uncategorized												
Lyndsey Atwater	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Reiner Jennifer	Uncategorized												
Keri L. Vannatten, Crna	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Voss Kathleen	Uncategorized												
Ghiocel Sarah	Uncategorized												
Melanie Sloan	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Divya Cherukupalli	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Eric W. Wallace, Md	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hospitality House Tc, Inc.	Uncategorized	✓											
Columbia County	Uncategorized	✓				✓							
Cronin Kathleen	Uncategorized												
Goff David	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Childs Jill	Uncategorized												
Renat Kudyakov	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Mary Beth Blaustein	Uncategorized	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Bridget Desmarais	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Adams David	Uncategorized												
Community Care Physicians, Pc	Uncategorized	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Chamberlain Coreen	Uncategorized												
Carly R. Matthews, Pa	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Stacey Lloyd, Macrc - Community Integration Counselor	Uncategorized												
Ginsburg Lisa	Uncategorized												
Mariano Anthony	Uncategorized												
Hornbeck Denise	Uncategorized												
Ulster-Greene Arc - Rehab Clinic: Manning, Kirk (Ma)	Uncategorized	✓											
Bull Chelsea	Uncategorized												
Joanne V. Dannenhoffer	Uncategorized	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Michael Vincent Murphy, Pa	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hatch Barry	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dipti V Nevrekar, Md	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Crain Robert	Uncategorized												
Lacey Ragule	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Jennaleigh Fish	Uncategorized	✓	✓		✓	✓	✓						
Michelle Mccoy	Uncategorized	✓	✓		✓	✓	✓	✓	✓		✓	✓	



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Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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David Lee, Md	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Soyoung Chung	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Jalal Zarina Dr.	Uncategorized												
Byrne Timothy Mr.	Uncategorized												
Catholic Charities Disabilities Services	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Susan Furdon	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Jennifer Lawlor	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Laura Dewitt	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Minott Yvonne	Uncategorized												
Russo Michele	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Family & Child Service Of Schenectady, Inc.	Uncategorized												
Richmond Dionne Ms.	Uncategorized												
Erica Lunsford	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Larry Nelsen	Uncategorized	✓		✓			✓						
Maskell-Amirault Mary Ms.	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Clark Allison	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Krysta Brown	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
William Mcclellan	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Melissa A. Deimling	Uncategorized	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Romig Jenelle	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Nancy Barrows	Uncategorized	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Norelli Lisa Dr.	Uncategorized												
Center For Disability Services, Inc.	Uncategorized	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Jonathan P. Coll, Md	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Timothy Nevinger	Uncategorized												
Curran Sara	Uncategorized												
Taylor Concordia	Uncategorized	✓	✓		✓	✓	✓	✓			✓	✓	
Jones Kiliko	Uncategorized												
Lynn Spilman	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Community Maternity Svcs Bfc	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓	✓	
Community Care Physicians, Pc	Uncategorized	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Ashley Wall	Uncategorized	✓	✓		✓	✓	✓	✓			✓	✓	
Kennedy Shannon	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
William Y. Perez, Dds	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Protsko Allison	Uncategorized												
Christopher W. Park, Md	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



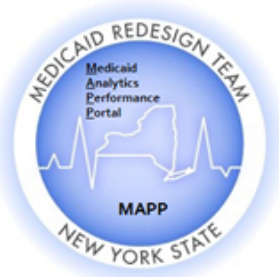
New York State Department Of Health
 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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Patricia Bjurstrom	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Downing Melissa	Uncategorized												
Nancy La Pierre	Uncategorized	✓	✓		✓	✓	✓						
Bearden Deborah	Uncategorized	✓					✓						
Cary Govel Heather	Uncategorized												
Ulster-Greene Arc - Rehab Clinic: Natale (Williams), Melissa (Psych,Abss)	Uncategorized	✓											
Judith Dougherty	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Pipito Salvatore	Uncategorized												
Boucher Lisa Ms.	Uncategorized												
Avishkar Tyagi, Md	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stachnik Laura	Uncategorized												
Zink Darcy	Uncategorized												
Ulster-Greene Arc - Rehab Clinic: Pierce, Melissa	Uncategorized	✓											
Commission On Economic Opportunity	Uncategorized												
Kristen Sergott	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Kendall Robert	Uncategorized												
Crystal M. Santiago	Uncategorized	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Christabel Grullon-Zannou	Uncategorized	✓	✓						✓	✓			✓
D'Aversa Suzanne	Uncategorized	✓	✓		✓	✓	✓	✓			✓		✓
Hall Shelby	Uncategorized												
Senior Services Centers Of The Albany Area, Inc	Uncategorized	✓											
Katherine Calder	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Paul Rodden	Uncategorized												
Community Maternity Svcs Bfc	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓		✓
Lanesey Tracey	Uncategorized												
Lange Jean Mrs.	Uncategorized												
Laura Igoe-Kruger	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Lash Sandra	Uncategorized												
Community Maternity Services	Uncategorized	✓	✓	✓	✓	✓	✓	✓			✓		✓
Cupelli Donna	Uncategorized												
Daniel A. Strauchler, Md	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nitta Rubina	Uncategorized												
Armando S. Garza, Md	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yevgeniya Bamme	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Kee To Independent Growth, Inc.	Uncategorized	✓											



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Albany Medical Center Hospital (PPS ID:1)

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Livingston Hills Nursing And Rehabilitation Center, Llc	Uncategorized											
Manal M. Schoellerman, Md	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sehgal Sumit	Uncategorized											
Steven Marcal	Uncategorized	✓	✓		✓	✓	✓	✓	✓		✓	✓
Massad Margaret	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Paul Duncan Meier, Pa	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mercogliano Vincent	Uncategorized											
Janine Carroll	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Kevin P. Rudny, Md	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gabriel Joseph	Uncategorized											
Doody Katherine	Uncategorized											
Kitty Thomas	Uncategorized											
Amanda Cardoze	Uncategorized	✓	✓		✓	✓	✓	✓			✓	✓
Christopher Bennett, Anp	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lyman Bruce	Uncategorized											
Linda Kowalski	Uncategorized	✓	✓		✓	✓	✓	✓	✓		✓	✓
Mastando Toni-Ann	Uncategorized											
Iannon Phillip Mr.	Uncategorized											
Crucetti Nicholas	Uncategorized											
Colonie Senior Service Centers, Inc.	Uncategorized											
Vishal Verma, Md	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mcfaden Lisa	Uncategorized											
Riley Kristen	Uncategorized											
Michael C. Lin, Md	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wamsley John	Uncategorized											
David Krista	Uncategorized											
Glaucoma Practice Of New York, Pllc	Uncategorized											
Columbia County Department Of Health	Uncategorized	✓				✓						
Grimm Erin	Uncategorized											
Inpatient Hospitalist Services Of N	Uncategorized											
Susan Wildemann	Uncategorized	✓	✓		✓	✓	✓	✓	✓		✓	✓
Albany Co Hlth Dept Psshsp	Uncategorized	✓				✓			✓	✓		
Nwakeze Agatha Mrs.	Uncategorized											
Boice Marissa	Uncategorized											
Ulster-Greene Arc (Health Home)	Uncategorized	✓										
Ned Panara	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓



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Adam Blau	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Hhdl Inc.	Uncategorized												
Hudson River Healthcare, Inc.	Uncategorized	✓	✓		✓	✓					✓	✓	
Allen Scott	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Andrea Fisher	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Senior Sharon	Uncategorized												
Belvedere Of Albany	Uncategorized	✓	✓				✓						
Bratek Zachary	Uncategorized												
Blake A. Wynia	Uncategorized	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Samantha Weller	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Whitney M Young Jr., Health Center Inc	Uncategorized	✓	✓						✓	✓		✓	
Kristin McFerran-Ackner	Uncategorized	✓	✓		✓	✓	✓	✓			✓	✓	
Greater Adirondack Home Aides	Uncategorized												
Hiscock Kevin Mr.	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fitzpatrick Brittany	Uncategorized												
Rebecca Lamanna	Uncategorized	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Leigh Borgstrom	Uncategorized	✓	✓		✓	✓	✓	✓			✓	✓	
Ulster-Greene Arc - Rehab Clinic: Warren, Deborah (Voc. Rehab-Bachelor'S)	Uncategorized	✓											
Cross-Briggs Julie	Uncategorized												
Whitney Bean	Uncategorized												
Vadney Nicholas	Uncategorized												
Michelle Frolo, Pa	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Alyssa Irla	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Margaret Cipperly	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Henry Pohl	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Salhoff Donald	Uncategorized												
Maria Englert	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
William R. Rogers, Md	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pasternack Anita Dr.	Uncategorized												
Walker Arthur	Uncategorized												
Perretta Danielle	Uncategorized												
Ulster-Greene Arc - Rehab Clinic: Weiner, Michele A. (Psych/Abss)	Uncategorized	✓											
Pratik Vyas	Uncategorized	✓	✓		✓	✓	✓	✓	✓		✓	✓	
Robert B. Fortuna, Md	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



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Marilynn Orr	Uncategorized	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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